

## **Observations on the 2024-2025 common timeline in surgical pathology, cytopathology and dermatopathology**

### **Executive Summary**

- The 2025-2025 fellowship recruitment season saw a large number of unfilled fellowship positions, even in subspecialty areas with very high participation in the unified approach/common timeline, suggesting an unusually small applicant pool, perhaps due to the strong job market. Higher numbers of applications by each applicant may have masked this change from programs before offers were made, as most programs reported a similar number of applications and similar strength of the applicant pool to prior years. Less than half of programs increased the number of interviews they conducted.
- Subspecialties with low participation rates tended to have higher unfilled rates, consistent with expectations that high program and applicant participation rates are necessary for successful implementation of a common timeline. Those specialties with participation >75% performed better than those with participation <55%.
- The vast majority of programs support the core tenets that underly the movement toward standardization – that applicants and programs should be able to explore their options before being required to commit, and that applications should not start before third year of AP/CP residency.
- Trainees have very positive attitudes toward the common timeline, strongly favoring it over a match or the unstructured approach. Programs are more mixed, with a plurality favoring a match and significant minorities favoring both a common timeline and a return to the unstructured approach. While a majority of cytopathology and dermatopathology programs would definitely or probably join a common timeline for 2025-2026, support was less strong among surgical pathology programs.
- In theory, a plurality of programs and applicants support moving the timeline to 13-16 months before matriculation.
- Programs nearly uniformly felt the 72 hour timeframe for first offers was too long, with most preferring 24 hours or less; the vast majority of applicants, on the other hand, felt 72 hours or longer was appropriate. A plurality of both programs and applicants supported the 24 hour timeframe for subsequent offers.
- The majority of programs and applicants believe a special pathway for internal applicants to be made offers before the common timeline date should exist.
- The majority of programs believe a program should be required to list all of their positions in the common timeline or none of them; an “all or nothing” approach.
- Applicants found the participating program listing and common application form valuable.
- Applicants and programs strongly supported virtual interviews. A majority of applicants felt an option for an in person visit would be valuable.
- The majority of programs and applicants felt the 6-week interview season was of appropriate length.

### **Introduction**

In recruiting for the 2024-2025 academic year, surgical pathology fellowships undertook a common timeline for recruitment, joining cytopathology (in their second year using a common timeline) and dermatopathology (which has used a common timeline for several years). Herein, representatives for those specialties to the Association of Pathology Chairs (APC) Fellowship Directors ad hoc Committee (FDAHC) present the results to date of that process, as well as survey data from fellowship programs and trainees about the process.

**I. Performance of fellowship programs for 2024-2025:**

Table 1 shows the number of participating programs and participating positions by specialty. Participation rate ranged from a low of 8% (renal pathology) to a high of 89% (bone and soft tissue pathology).

Programs were requested to report centrally when their fellowship filled in cytopathology and surgical pathology. The number of positions that have not been reported as filled (presumptive unfilled positions) is listed in table 1.

**Table 1:**

<b><u>Specialty</u></b>	<b><u>Programs (% of all known active programs)</u></b>	<b><u>Positions</u></b>	<b><u>Positions NOT reported filled (%)</u></b>
<b><u>Cytopathology</u></b>	<b><u>67 (81%)</u></b>	<b><u>*</u></b>	<b><u>39 (57%)*</u></b>
<b><u>Dermatopathology</u></b>	<b><u>20(42%)</u></b>	<b><u>Not available</u></b>	<b><u>Not available</u></b>
<b><u>All surgical pathology</u></b>	<b><u>153 (56%)</u></b>	<b><u>258</u></b>	<b><u>118 (46%)</u></b>
<b><u>General/flexible surgical pathology</u></b>	<b><u>54 (81%)</u></b>	<b><u>135</u></b>	<b><u>65 (48%)</u></b>
<b><u>GI</u></b>	<b><u>38 (76%)</u></b>	<b><u>51</u></b>	<b><u>10 (20%)</u></b>
<b><u>ENT</u></b>	<b><u>9 (82%)</u></b>	<b><u>9</u></b>	<b><u>5 (56%)</u></b>
<b><u>BST</u></b>	<b><u>8 (89%)</u></b>	<b><u>9</u></b>	<b><u>2 (22%)</u></b>
<b><u>Womens/Gyn/Breast</u></b>	<b><u>27 (53%)</u></b>	<b><u>30</u></b>	<b><u>24 (80%)</u></b>
<b><u>GU</u></b>	<b><u>7 (41%)</u></b>	<b><u>7</u></b>	<b><u>5 (71%)</u></b>
<b><u>Pulm/CV</u></b>	<b><u>5 (38%)</u></b>	<b><u>5</u></b>	<b><u>4 (80%)</u></b>
<b><u>Renal</u></b>	<b><u>1 (8%)</u></b>	<b><u>1</u></b>	<b><u>1 (100%)</u></b>
<b><u>Other</u></b>	<b><u>4 (80%)</u></b>	<b><u>8</u></b>	<b><u>2 (25%)</u></b>

\*Cytology data presented as number of programs rather than positions.

The specialties can be broadly divided into high-participation (>75%) and low participation (<55%). All low participation specialties had very high unfilled rates. It is likely that the available applicants in these specialties mostly chose non-participating programs that made earlier offers.

Among high-participation specialties, GI, BST, and Other had very low unfilled rates, whereas general surgical pathology, cytopathology, and ENT pathology had intermediate unfilled rates. Given the high participation rates in these areas, it is not mathematically possible that a large enough number of applicants chose non-participating programs to account for the number of unfilled positions. While we have no data on past surgical pathology fill rates, the pathology job market is known to be strong, and it is plausible that a large number of trainees chose to forgo additional training, particularly in generalist specialties such as general surgical pathology and cytopathology that may in the past have been one of a pair of fellowships, along with another subspecialty. This possibility merits further study, as it would substantially impair any fellowship recruiting system and likely accelerate the race to earlier offers in an unstructured recruitment process.

## II. Survey Data

### A. Background and demographic information

#### 1. Post-Action Survey of Fellowship Programs

- Survey created by FDAHC members representing surgical pathology, cytopathology, and dermatopathology. Programmed in Survey Monkey by APC.
- Sent to distribution lists of all program directors in surgical pathology, cytopathology, and dermatopathology. Survey open ~2 weeks (November 2022).
- 192 responses, by specialty:

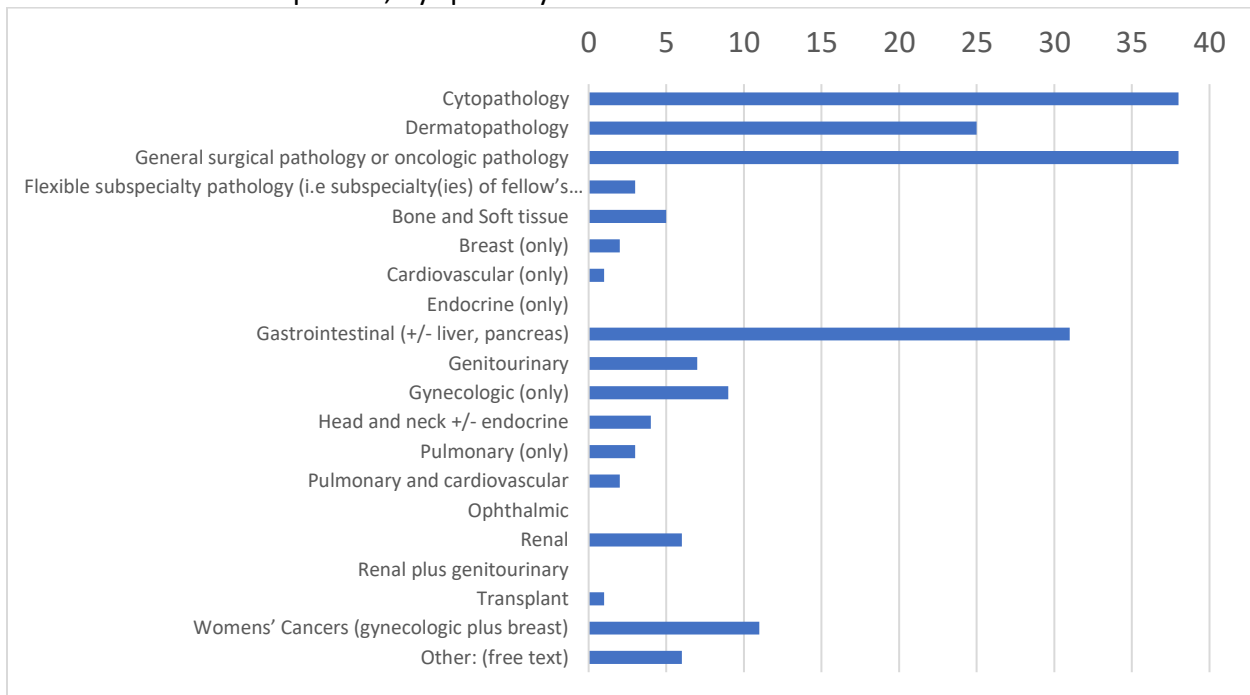


Figure 1: Program responses by specialty.

Most respondents did participate in the common timeline for 2024-2025 (133; 69%), but many who did not also responded (54; 28%); 5 respondents (3%) did not offer a fellowship in 2024-2025. 10% of participating programs filled with an internal candidate without making other offers. Only those programs that participated in '24-25 were asked specific questions about that experience. 76 respondents agreed to take a more detailed survey with additional specific questions about the '24-25 process.

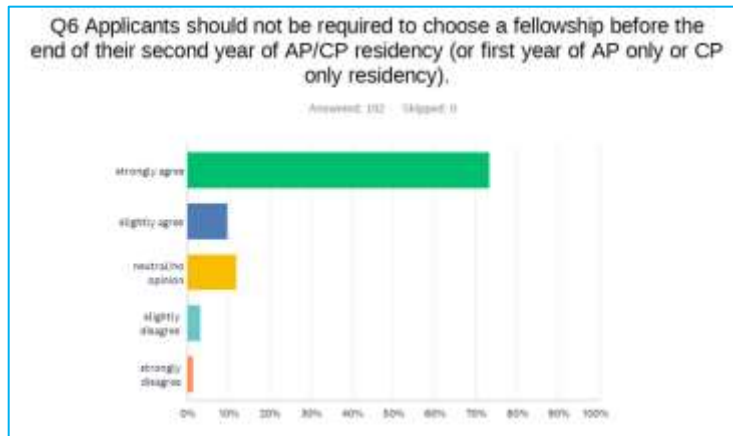
## 2. Trainee Survey

- Survey created by FDAHC members representing surgical pathology, cytopathology, and dermatopathology, with input from chair of CAP Residents Forum. Programmed in Survey Monkey by APC.
- Sent to APC PRODS and GMEAS distribution lists, and fellowship program directors and coordinators for surgical pathology, cytopathology, and dermatopathology, with request to forward to eligible residents and fellows. Survey open ~2 weeks (November 2022).
- 590 total responses, of whom 578 indicated they were a current pathology trainee (the 12 who were not trainees had their survey end and are not included in the data).
- 284 (50%) had applied for a fellowship starting in 2023-2024 or 2024-2025.
- The number of respondents by specialty can be found in the attached summary data.
- 69 of 277 (24%) who applied went on to a fellowship at their residency program without interviewing anywhere else. These individuals were not asked questions about the application process.
- 86 individuals applied to at least one program that participated in the common timeline/unified approach. Of those, 22 (25%) applied only to participating programs. Most (67; 75%) applied to a mix of participating and non-participating programs.

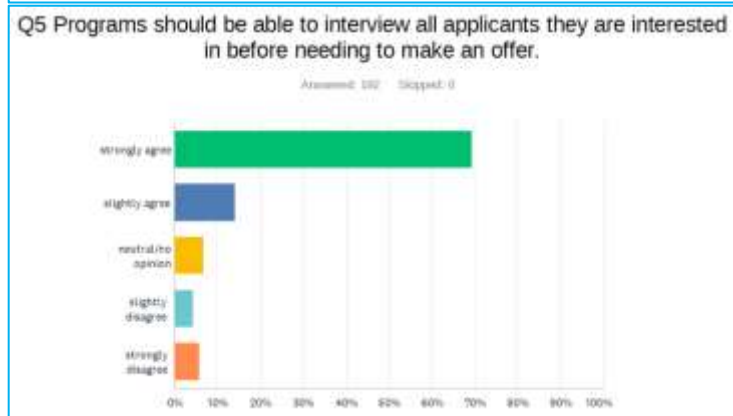
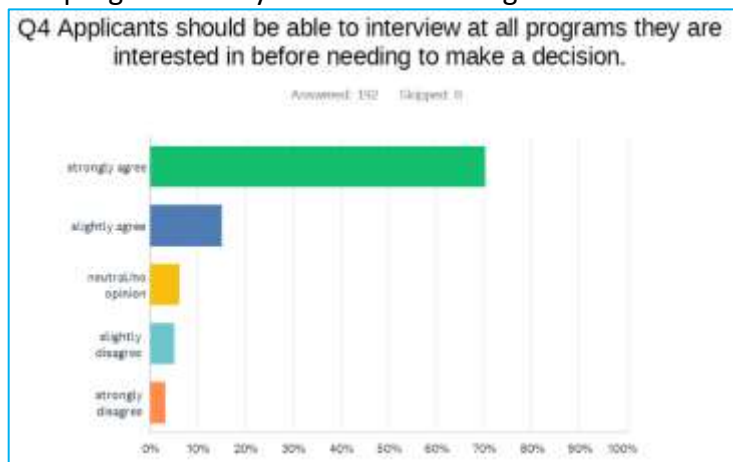
## B. Results:

### 1. General concepts

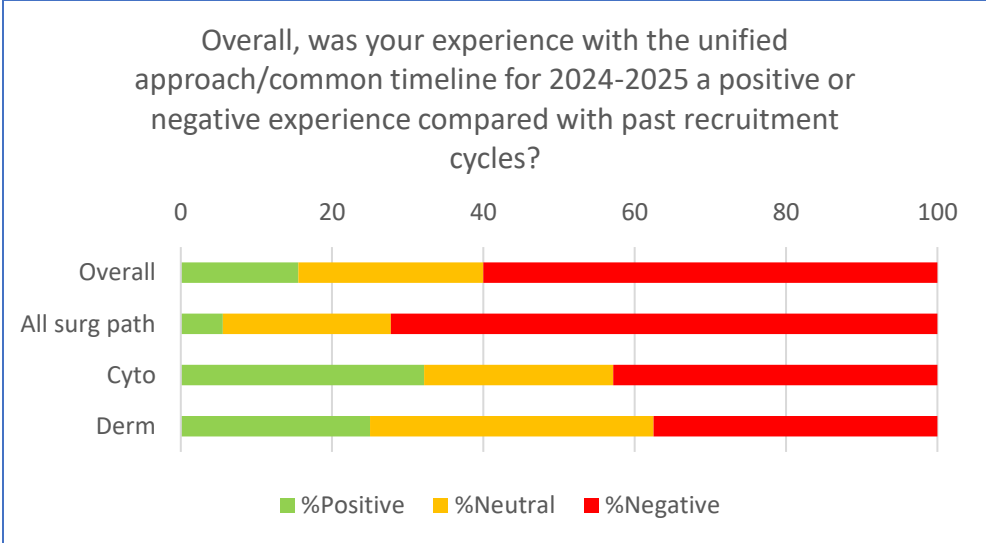
There was strong support among responding programs for the underlying concepts that drove the move to a common timeline: that applicants should be allowed to wait until after their second year of residency (first year of AP or CP only) before beginning applications, that applicants should have a chance to interview at all programs that interest them, and that programs should have a chance in interview all applicants that interest them, all had support of >85% of programs.



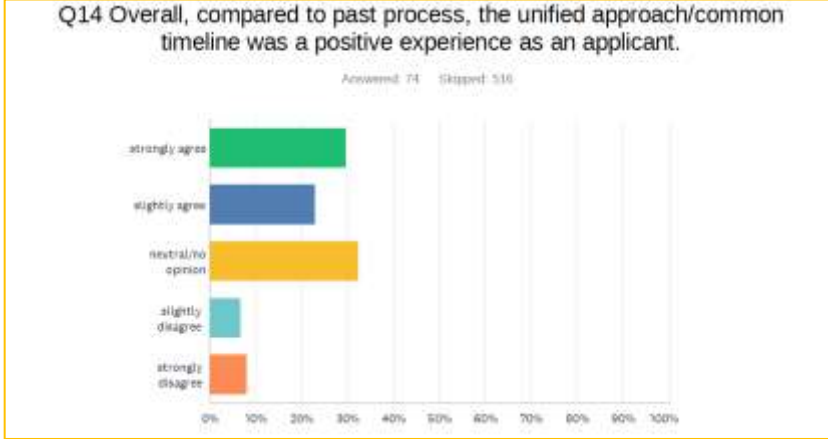
\*All program survey data outlined in light blue



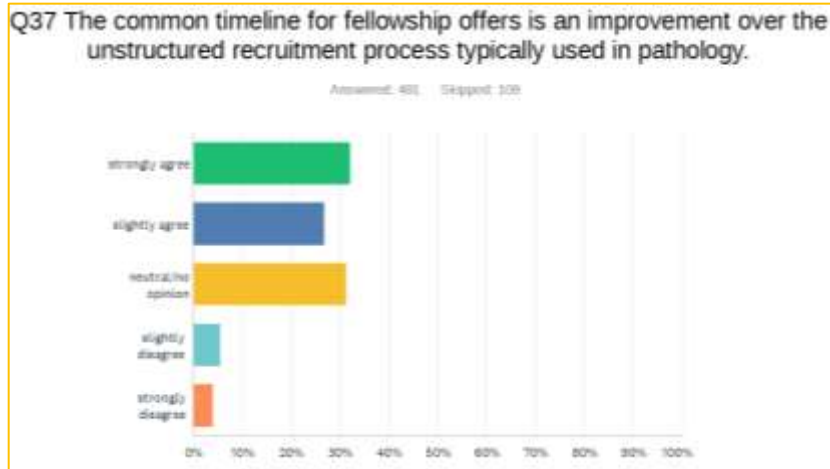
2. General experience with common timeline  
 Programs' experience with the common timeline this year was more negative than positive. This was particularly driven by surgical pathology.



Applicants reported a more positive experience. Among those that actually participated in the common timeline, 53% agreed and 15% disagreed that it was a positive experience. Among all trainees, 59% agreed and 10% disagreed that the common timeline offers an improvement over the traditional unstructured recruitment process. Among those trainees who reported having a good understanding of both the common timeline and the unstructured process (182; 38%), support was even stronger: 72% agreed and 14% disagreed that the common timeline is an improvement.



\*All trainee data outlined in orange



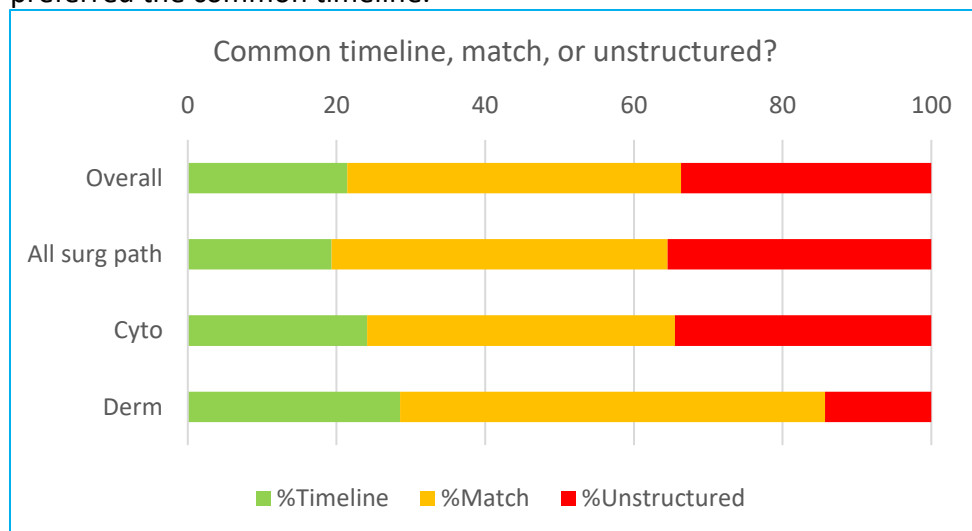
Programs and trainees were also asked if the common timeline/unified approach makes the system more fair and equitable. Among programs, 32% said yes and 47% no. Among trainees, 66% said yes vs 8% no (the remainder answered neutral/no opinion).

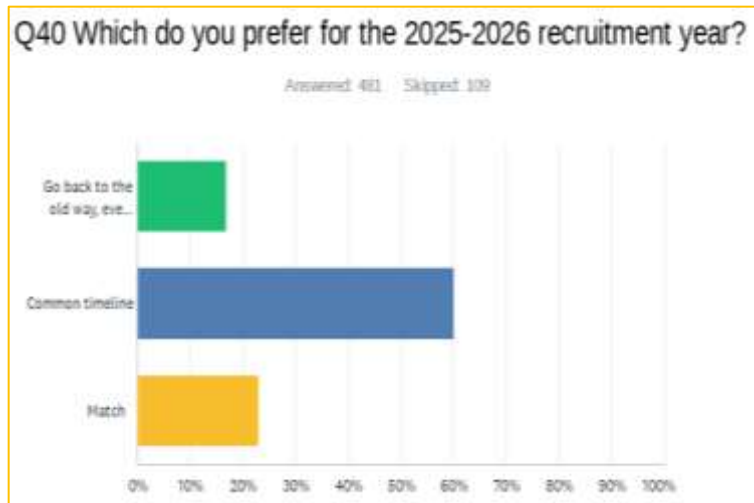
### 3. Preferred future state

Programs and applicants were asked their preference between a common timeline and a match, and separately asked to choose their preference among common timeline, match, and returning to the unstructured recruitment process.

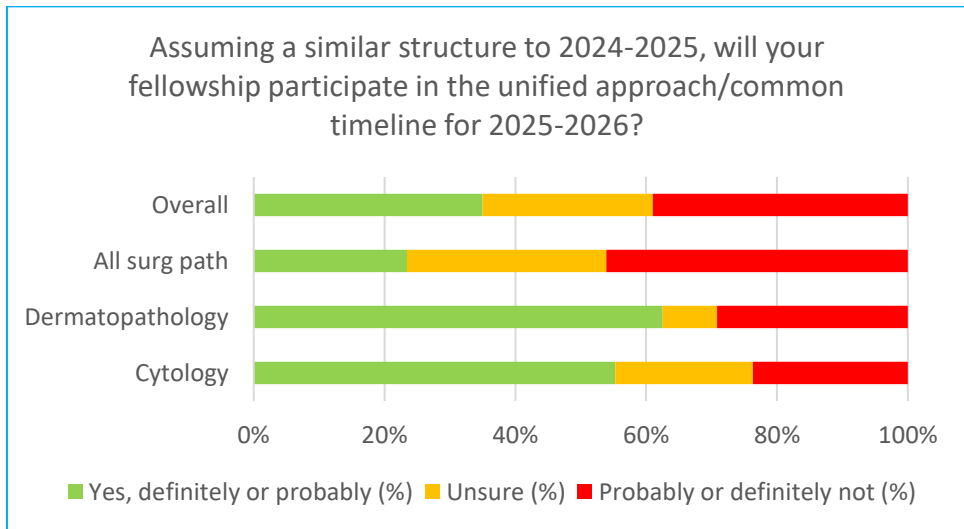
In the two-way questions, programs preferred a match by a 70-30 margin. Applicants were evenly divided: 36% preferred a match, 37% did not, and 27% were undecided.

In the three-way question, programs were divided but trainees strongly preferred the common timeline.





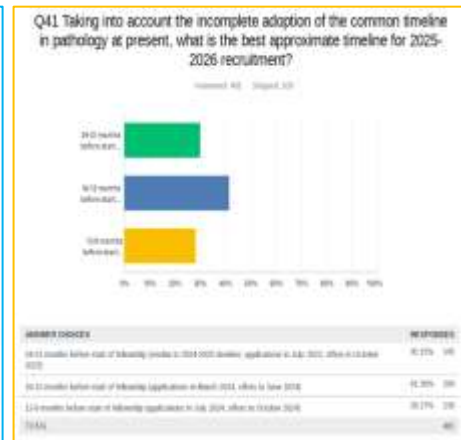
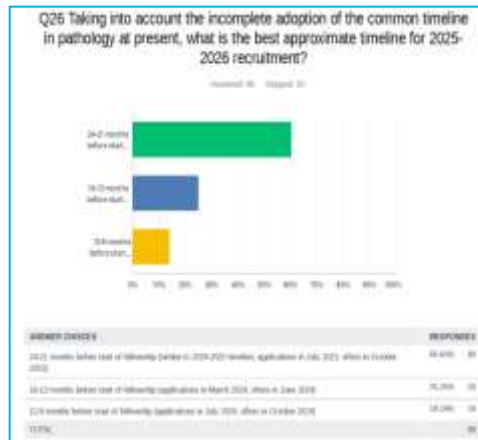
The majority of responding programs in cytopathology and dermatopathology indicated that they would definitely or probably participate in a common timeline for 2025-2026. Results for surgical pathology programs were more mixed.



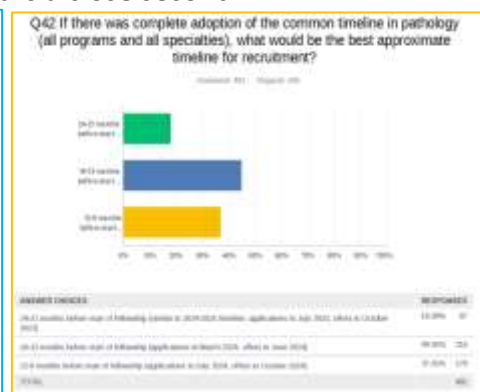
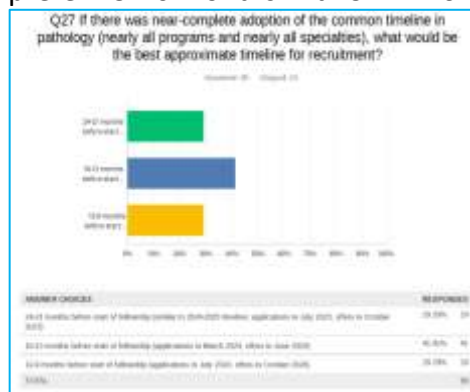
4. Opinions on specific aspects of the common timeline/unified approach
  - a. Timeframe
 

Given incomplete adoption at present, most programs prefer to keep the timeline at 21-24 months before the start of fellowship. Applicants slightly prefer 13-16 months.



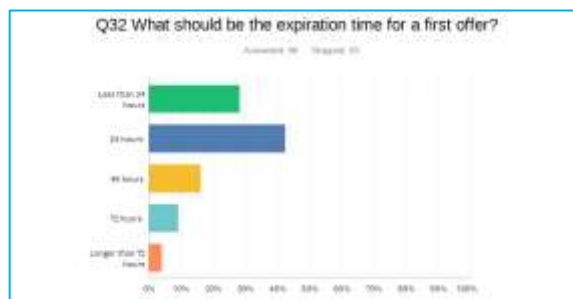


In a situation of near-uniform adoption, applicants and programs both prefer 13-16 months with 9-12 months a close second.



b. Expiration of offers

Very few programs liked the 72-hour expiration time for first offers, with the most popular option being 24 hours. Applicants on the other hand felt the first offer should be good for 72 hours (70%) or longer (25%); only 5% though it should be shorter.



A plurality of both programs and applicants thought 24 hours was reasonable for subsequent offers, with a significant number of program directors feeling it should be even shorter and a significant number of trainees feeling it should be longer.

c. Approach to internal applicants

60% of trainees and 66% of programs felt programs should be able to offer internal applicants positions outside of the common timeline.

Among applicants who accepted an offer from their own program, 60% did not want an opportunity to interview elsewhere first, 20% would have liked that opportunity, and 21% were uncertain. 82% said they felt no pressure to take the internal offer, 16% felt slightly pressured but felt they could have chosen to interview elsewhere if they wanted, and 3% felt they had no real choice.

d. Total versus partial program participation

92% of participating programs participated fully (all positions included); 8% had some positions participating and others not. 67% of programs directors felt programs should be required to be “all-or-nothing.”

e. Participating program listing

49% of programs thought the program listing helped them with recruiting; 21% did not and 30% didn’t know. 65% of applicants felt this listing helped them choose programs to apply to; only 11% disagreed.

f. Applications

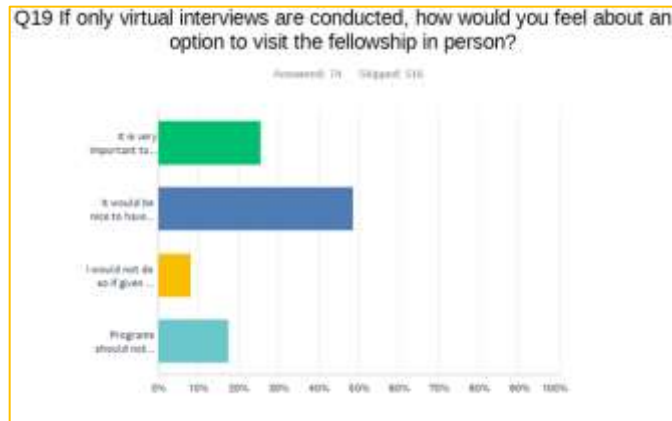
82% of programs reported accepting the common application form. 77% of applicants felt the common application form streamlined their applicant process; 8% disagreed. 46% said it allowed them to apply to more programs than they otherwise would have; 34% were neutral and 20% disagreed.

Programs felt the number of applicants was about the same (62%), increased (26%) or decreased (12%). The quality of the applicant pool was about the same (73%), increased (21%), or decreased (6%).

g. Interviews

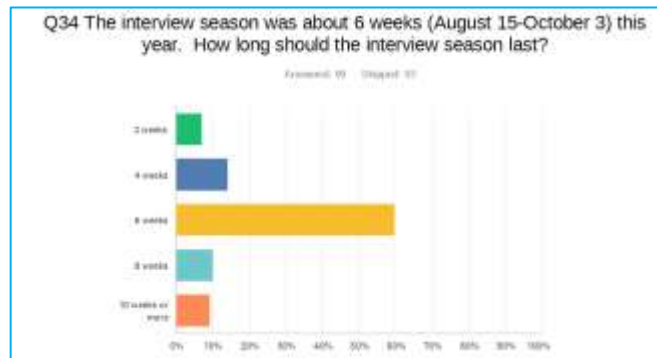
44% of programs increased their number of interviews (19% by a lot, 25% by a little). 42% interviewed about the same number of applicants, and 14% interviewed fewer applicants. 86% of programs conducted only virtual interviews without offering an opportunity to visit campus. Another 9% were entirely virtual but with the possibility of a visit. 5% reported a mix of virtual and in-person interviews, and no programs interviewed only in person.

69% of applicants preferred virtual interviews to in person; 11% were neutral, and 21% disagreed. When asked how they feel about having an opportunity to visit a program in person, most felt it would be nice (49%) or very important (26%) to have this option, while 18% felt it should not be offered because it would create pressure to visit.



h. Length of interview season

A majority of programs (60%) felt the current 6 week interview season was appropriate, with 21% feeling it should be shorter and 19% longer. 9% of programs reported difficulty scheduling all their interviews. 76% of applicants felt it was not difficult at all to fit all interviews into a 6-week window, 19% felt it was slightly difficult, and 5% felt it was very difficult.

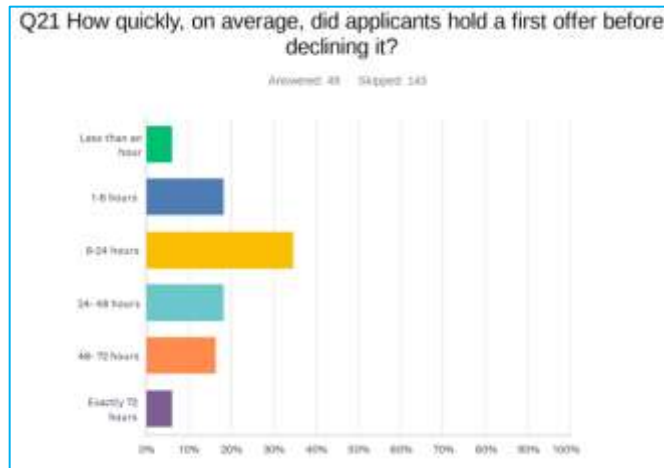


i. Code of conduct

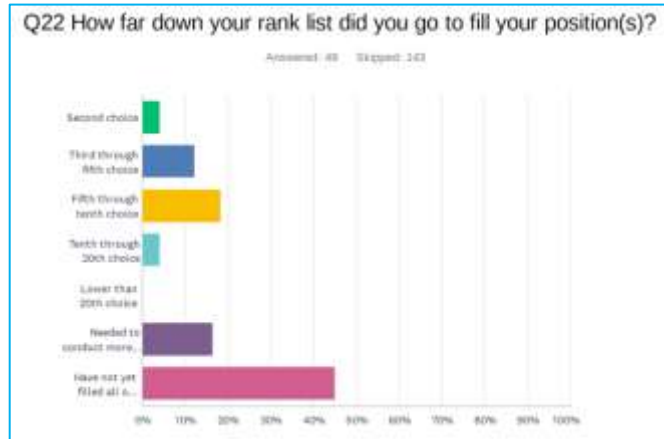
68% of applicants indicated they were aware of the code of conduct; 32% were not.

j. Offers

35% of programs filled with their first offers. Of those that had an offer declined, most waited 24 hours or less for the applicant.



Of those that did not fill with their first offers, many did fill with applicants in their top 10, but many others required additional interviews to fill or have not filled at all.



58% of applicants said they made a rank list before offers went out on October 3; 42% did not. Consequently, 18% said they held onto multiple offers at the same time because they couldn't choose between them.

20% of applicants reported receiving a preferred offer after they had already accepted a less preferred offer.

10% (7 individuals) reported receiving a formal offer from a participating program BEFORE October 3. Of these 7, one applied only in hematopathology, which had no programs participating in the common timeline. The other 6 applied in cytopathology (4), general surgical pathology (3), dermatopathology (1) and bone and soft tissue pathology (1); several applied in multiple specialties so it is not possible to determine in which specialties these apparent violations by programs occurred.

k. Communication with applicants

61% of trainees preferred a dedicated website for communicating information; 36% preferred to get information through residency program directors/coordinators by email; 3% preferred social media.

**Major/Common Program Issues**

- Many unfilled positions
- Advantage in recruitment to nonparticipating programs
- Reports of participating programs cheating
  - No formal complaints to APC or sponsoring societies, and very few reports in anonymous applicant survey, but many rumors
- Too many interviews, or didn't conduct enough interviews to fill
- Stuck waiting on an applicant for 72 hours
- Tension of making strategic offers vs picking best candidate
- Applicants accepted another offer before program made an offer
  - Often within 72 hour window – applicants not understanding process?
- Applicants accepted then withdrew
  - Several (5) definite instances were reported in surgical pathology
- Applicants shopping for an upgrade after accepting a position
  - Several applicants did this quite openly
- Stress of SOAP-style interviews and offers after October 3

**Major/Common Applicant Issues**

- Should be truly unified – all programs, all specialties
  - Hard to refuse early offers from non-participating programs
- Announced too late this year
  - Many had already started applying, some had already accepted positions before learning of it
- Accuracy of participating program listings (vs programs secretly dropping out?)
  - A few applicants reported applying to programs that were listed as participating only to be told the program was not participating
- Need to clarify appropriate pre-offer communications
  - Applicants reported differing pre-offer communications from different programs