2021 Residency Match: What we learned

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Featured topic and speakers

In today's COVID-19 Update, a discussion with NRMP's Donna L. Lamb, DHSc, MBA, and ECFMG’s William W. Pinsky, MD, about this year's residency Match and what went well, what we learned and how it was influenced by the pandemic.

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Speakers

- Donna L. Lamb, DHSc, MBA, president and CEO, National Resident Matching Program (NRMP)
- William W. Pinsky, MD, president and chief executive officer, Educational Commission For Foreign Medical Graduates (ECFMG)

Transcript

Unger: Hello, this is the American Medical Association's COVID-19 Update. Today, we'll be discussing the 2021 Match. What went well, what we learned and how it was influenced by the pandemic I'm joined today by Dr. Donna Lamb, president and chief executive officer of the National Resident Matching Program, or NRMP, in Washington, D.C. Dr. Lamb has a doctorate in health sciences. And Dr. William Pinsky, president and chief executive officer, Educational Commission for Foreign Medical Graduates, or ECFMG, in Philadelphia. I'm Todd Unger AMA's chief experience officer in Chicago. Thank you so much to both of you for joining us today, Dr. Lamb, this was the largest Match in NRMP history. That's quite a feat during a pandemic. Can you talk about some of those numbers with us and if you were surprised by the level of participation this year?
Dr. Lamb: Well, we weren't surprised by the level of participation this year, because we did have more applicants than we had had in prior years. As you know, we had approximately 19,000, almost 20,000 U.S. MD seniors, a little over 7,100 osteopathic seniors. And then for all of the registered applicants, which are the folks who register, but don't necessarily participate fully in the Match. We had almost 49,000 participants. So, I wasn't surprised at all that we saw higher numbers. And in truth year over year, the number of applicants in the Match increased simply because of increase in the number of individuals graduating medical school, and the individuals who are available coming from overseas.

Unger: Dr. Lamb, how did that increase participation? Those bigger numbers impact the matching program fill rates?

Dr. Lamb: Well, the reality is the Match rates really did not change. So we had an increased number of applicants available at not a terribly high number of increased number of programs, excuse me. And so, we did not expect to see a substantial change in the Match rates and fortunately we didn't.

Unger: And any other key trends in terms of unfilled positions after the matching is done?

Dr. Lamb: We actually had fewer positions in SOAP this year than we had in the prior year. So again, not a substantial number, but it was if I recall correctly, it was around 100 less positions available in SOAP. So again, not a lot of changes and not a lot of trends that we saw that we felt like were substantial to the Match itself.

Unger: So it sounds like bigger numbers, but everything went as planned. Is that your perception then of the year?

Dr. Lamb: Yes. With the increase in numbers of applicants, exceeding the increase in the number of positions we fully expected to see the Match remained the same and thankfully it did.

Unger: Dr. Pinsky, how was the overall news for international medical graduates? Can you talk about some of the big takeaways for IMGs this year?
Dr. Pinsky: Sure Todd, I'm happy to do that and thanks for invitation for being here today. I personally think it was a spectacular year for international medical graduates. As Donna was saying, there's a numerator, denominator issue in terms of when one looks at percentages, but we had an increased number of international medical graduates in the Match by quite a bit. I think from the U.S. citizen international medical graduate perspective, there are almost 5,300 individuals then which is a 2.5% increase, which is relatively small. But for the international medical graduates, there is a 15% increase going with over 1000 additional people in the Match year, over year and over 100 more that had actually Matched. So, percentage wise, it isn't as high as recent years, but in terms of actual numbers and from an interest perspective, it really was very, very good.

Unger: Dr. Pinsky. Were there any challenges either that were unanticipated or learnings for IMGs this year?

Dr. Pinsky: So, I think the entire year was on anticipated. I think we could all say that so many different respects and international medical graduates had many of the same challenges that the U.S. grads had, plus some. I think the issue of no away rotations, the tryouts that have occurred in other years, the doing no in-person interviews, I think was even a greater challenge for the international medical graduates. And probably, a big thing was the fact that the clinical skills exam was suspended and then canceled, and a large number, probably a third of the people who ended up in the Match had not yet taken their clinical skills exam. And that caused a lot of anxiety. And in fact, our team did a great job in terms of setting up alternative pathways so that we could continue to assure the public that the ECFMG certification is doing what it's supposed to be doing and still allow international medical graduates into the Match.

Unger: That's very interesting. Dr. Lamb, were there any other changes to this year's residency application process that you think had an influence on participation in results?

Dr. Lamb: Well, I think we don't really know that yet because all of the data and the information isn't in. And some of the drivers for the changes in this process are somewhat anecdotal. Every year we see some specialists that increase such as psych, they are more competitive this year and some that decline as such as radiation oncology. And these changes happen for a variety of reasons that could include the interest of applicants and the specialty as well as competitiveness of the programs.

But there are also the drivers that we don't have a real understanding of quite yet, that we're trying to understand more and try and understand how COVID might have affected the residency application process. So, we recently issued an enhanced program director and an applicant survey that has begun to ask very specific questions around the recruitment cycle. And we're in the process of analyzing that data right now. We're going to be excited to release the data once that's done, because we think that it will help applicants and programs understand not only this last Match cycle, but potentially help them better understand the upcoming cycle and make some decisions going forward.
Unger: So, it's so many things during the pandemic, we're learning as we go. And so, we'll wait to see what the data says. Well, speaking of that, the number of rounds in SOAP, we're increased from three to four this year. Do you think that that fourth round measurably helped in filling programs and matching applicants?

Dr. Lamb: Well, it depends on how you look at measurably, but we do think that the final round, that addition of the fourth round of SOAP was helpful. There were 49 offers made in that final round of SOAP and 42 of those were accepted. So clearly there's a benefit to those candidates in those programs.

Unger: Can you talk about any key learnings from this year's Match that we haven't discussed? What are the biggest opportunities as you look forward to next years to continue to improve the residency application Match process and or the other changes or improvements you'd already planned to carry forward into the next application season? Dr. Pinsky, do you want to start?

Dr. Pinsky: Sure. Thank you. Great question. This past year was so different. We have all learned so much and we really ... And I look at it from a positive perspective. Yes, it was challenging, but it's an opportunity to improve and to inform and to do better. And so, I think, we'll be working with international medical graduates in terms of virtual interviews, help continuing to work with DIO's program directors. We have a survey going out, I think either this week or next week to that group of people to find out their experience, and then how we can translate that in terms of working with the international medical graduates. We also surveyed the PGY1s who were in programs this year during COVID to find out what stresses did they have, and we'll use that information to help onboard individuals coming in in July. So, I look at the fact that the 2021 Match is not over yet until we get everybody on board in July. And we'll be opening up sometime in April, probably the pathways for next year's Match.

Unger: Dr. Lamb, any key learnings from your end?

Dr. Lamb: Well, I think the biggest thing is that the Match to work the way it was supposed to. One of the actions that we took going into this Match was to change the rank order list opening. We made it 17 days later than it normally would be. And we moved the rank order list certification deadline a week later than it normally would be. And I think that that allowed more time for the recruitment cycle, which was a benefit to programs and applicants. And it also shortened the time between that certification period and Match week, which anytime you reduce the time, I think you're automatically reducing the stress, but we're still analyzing some of this year's changes. And we're meeting as an organization now to determine whether or not these changes continue in the best interest of the community. And if so, we'll keep those changes.

We recognize that the Match process is stressful and then it's frustrating. There are multiple pieces to this whole cycle, right? Like there's the application piece, there's an interview. And then there's the
actual Match. And so, we're certainly willing and are currently sitting down with other organizations to discuss processes that are part of this Match cycle, whether we have a role in them where we have any authority over them or not. It doesn't affect our willingness to be able to work with other organizations to make this process better. So we're happy to sit at the table and talk about how we might improve the whole cycle and how we might participate in that by analyzing some of our data so that we can all better understand ranking and matching behaviors by programs and applicants. But I think what we learned again is that there were some substantial changes in the community and the Match remained very stable. And I think that that's a positive thing for medical education.

Unger: It's very positive in a, an achievement in a pandemic when you were dealing with something like that. Dr. Lamb, I'm also interested in knowing just the tool set that you see folks using in this process. AMA has its residency and fellowship database called FREIDA. And we definitely saw record traffic during Match week. What role do you see tools and resources like these playing in both the recent Match and as you look forward to the future?

Dr. Lamb: I probably won't advocate for any single organization’s resource, but, but I think certainly everyone bringing their resources to bear certainly brings transparency and information to the process. I think the tools such as the Residency Explorer Tool, which is a collaboration of nine medical education and licensing organizations will help to continue to establish a database that's intended to help inform applicants at the program level. Anytime we provide more information to applicants, I certainly think that that helps them better understand their qualifications, their eligibility, that requirements to be in a program as well as the programs curriculum, and that ultimately helps them to make better decisions. And we'll hopefully at some point begin to impact the numbers of applications that are being submitted. NRMP itself provides a number of resources. We provide the charting outcomes in the Match, which helps applicants, excuse me, programs, understand characteristics and quality of students and graduates that are Matched to a program across 22 specialties.

And that's in three versions, there's an MVPO and IMG version. The program director and applicant survey are going to continue to be very helpful tools. And again, one of the things that we’re looking at along with providing even more webinars and more ability to contact and work with the NRMP through this cycle is to just add more interactive tools to the NRMP website, build out some of our reports. So they get modernized and cut across experience rather than being siloed specifically within certain specialties. And we are adding a DIO call, so designated official calls so that we can help better educate sponsoring institutions as well as medical schools.

And we're developing a robust research agenda with our intent to better inform the community. We're going to begin to collect demographic data with this next main Match cycle so that we can begin to put that data allot up against our ranking data and help hopefully better understand some of the patterns and behaviors that cause people to rank the way they do. And then of course, as I said, we're looking to modernize our results in data books so that we can again, provide more information.
to medical schools, applicants and programs. So I think that the number of resource is available, and I'm excited to work with any organizations that would like to partner with us on improving that.

**Unger:** Dr. Pinsky, any tools or resources are specific to the IMG community that are especially useful this year?

**Dr. Pinsky:** Yeah, well, I think obviously IMG community benefits from most of what Donna just described. We have our echo program, which is intended to help applicants understand process and in help with choices, I think really the ... Todd, the most important thing to talk about is the cooperation among all the organizations that are involved with medical education here in the United States. And I think that, I don't know if everybody can appreciate how close to the precipice we were in terms of not medical education collapsing so much as health care delivery collapsing with the pandemic, because if we were not able to have a successful Match in continuing graduate medical education, we all understand the importance of how staff in their supervised care abilities, how important that is to health care in this country.

And the cooperation among all the organizations, obviously, including the AMA really is what helped facilitate the very successful Match that we had to share. And in each organization obviously did their own part and NRMP was spectacular in terms of what they were able to do. But I think really the combined efforts of everybody working together so important. And as we look toward the future in terms of pandemic or not just the stress of transition from medical school to residency is such a big issue. And the coalition for physician accountability has been working very diligently throughout the pandemic in developing tools. And I think the product of all those labors should be coming out very soon. And again, I think that that shows the cooperation that we have and what I would call it house events.

**Unger:** Well, I think talking about cooperation and an excellent result in the face of pretty extraordinary times is a good way to end the segment I want to thank both of you, Dr. Pinsky, Dr. Lamb and your organizations for everything that you did to pull off a successful Match, nothing more enjoyable to see on my social feeds than all of those medical students moving onto their residency programs. There’s such joy. So thank you for being here today. That’s it for today’s COVID-19 Update, and we’ll be back soon with another segment. In the meantime, for resources on COVID-19, visit ama-assn.org/COVID-19. Thanks for joining us and please take care.

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