With another residency application cycle in the books, the reality remains that most U.S. medical students—nine out of 10—are able to find a match. Still, the data indicates they are doing more—landing higher test scores, giving additional presentations and getting published—to earn it than ever before.

What are the realities on the ground? A recent AMA Innovations in Medical Education webinar—"The residency application and match process: Reflecting back, thinking forward"—looked at the competitive landscape of the Match. One AMA physician expert offered thoughts on how medical students should approach the process in the face of increased competition.

Changes in applicant qualifications

A medical student who, three decades ago, would have appeared to be among the most competitive applicants would now be closer to average, according to data about the Match process.

Consider these metrics:

- The average scores on the medical student portions of the United States Medical Licensing Examination (USMLE)—Step 1 and Step 2 CK—have risen significantly over the past three decades. A Step 1 score that would have put a student in the 75th percentile of test takers in the early 1990s would put them somewhere between the 10th and 25th percentile today. (The Step 1 is going pass-fail in January 2022.)
- In certain specialties such as neurological surgery, dermatology and radiation oncology, the number of abstracts, presentations and publications among matched applicants is in double digits. That work is in addition to a normal course load.
- The number of residency slots available through the Match has not increased at the rate of...
applicants. Since the 1990s, the process has included more applicants than positions.

So what is the result of students being asked to do more?

“If you are asked to do so much beyond your core curriculum, you are going to divert attention away from other things,” said Kimberly Lomis, MD, the AMA’s vice president for undergraduate medical education innovations. “Ideally, what you are looking for is someone who addresses the foundations and has the capacity for some of these extra activities. But, in reality, what you end up with is people focusing on extracurricular work in a way that may make them spend less time in clinic.”

Building the necessary skills

Though daunting, these numbers don’t have to define how a student approaches the Match. The goal of medical school is to become the best doctor possible, not create the best residency applicant profile.

“Some students say that our current system sends the message that it’s more important how they look on paper than how well prepared they actually are. It’s our job as faculty to help students do an informed self-assessment,” said Dr. Lomis. “Am I doing OK with my foundational work? [That] is the most important question. If you are doing well, do you have the ability to do other things? We don’t want students sacrificing core skills or burning out to make themselves more competitive on paper.”

For medical education, changing the process means shifting toward a more holistic review of residency applicants. Viewing an applicant as more than a numerical score has always been the goal. Meaningful experiences for a medical student—both in and out of the clinical setting—can help create a capable future physician. That process, however, will take time. The Coalition for Physician Accountability, of which the AMA is a member, recently released a draft set of recommendations on changing residency selection and improving the transition from UME to GME.

While that process unfolds, what do medical students do to build the necessary skills? Dr. Lomis recommends they rely on the people around them.

“Coaching and getting good mentoring is important,” Dr. Lomis said. “Students should work with a coach or mentor to look at the portfolio of things they are doing to make sure that they are emphasizing the right things. If your school doesn’t do that formally, a student can seek out a trusted advisor.”