

January 19th, 2024

Pauline Huynh, MD
Chair, Governing Council
Resident and Fellow Section
American Medical Association

Re: National Resident Matching Program 2023 Match Summit

Dear Dr. Huynh and the RFS Governing Council,

This past December, the National Resident Matching Program hosted a Match Summit that brought together various stakeholders including program directors from multiple specialties, officials from medical education organizations such as the Association of American Medical Colleges, and trainee invitees from many groups including our AMA. I was recognized as an attendee from our AMA-RFS and one of two residents or fellows in the Summit. Leading up to the Summit, an agenda was provided by the NRMP indicating our focus on four topics for discussion for which the NRMP sought stakeholder input: 1) the two-phase Match; 2) voluntary locking of program rank order lists; 3) the NRMP's demographic data roadmap; and 4) the effect of application services on Match processes. The agenda and accompanying materials are attached to this report and with permission from the NRMP to view.

During the Summit, after receiving a brief overview of the topics at hand, all stakeholders were divided into breakout rooms to discuss a single topic in depth for the remainder of the meeting, involving characterization of the issue, possible solutions, and a plan for implementation of policy when recommended. At several junctures, we rejoined into a large group to discuss progress and share feedback on each topic.

I was assigned to the breakout room concerning voluntary locking of ROL, which has been proposed as a solution for taking the pressure off attending in-person second looks at programs especially in this era of virtual interviewing. In this group, we identified ROLs as a process that may be subject to gaming by both programs and applicants even prior to virtual interviewing. Second looks have long been offered to applicants to revisit programs of interest and potentially for programs to gauge applicant interest in the program. Thus, the functional significance of second looks have ranged from truly optional with no effect on an applicant's position on the ROL to virtually mandatory to be ranked by a program. However, even with the stated policies of a given program, there remained the specter that programs, despite their stated policies, might still adjust their ROL before the submission deadline in response to second looks or other factors, resulting in a sense of distrust between applicants and programs. Thus, voluntary locking was offered as a way to verify that a program has irreversibly submitted their ROL for the Match.

Even for this single topic, passionate arguments were made from both program directors, GME organizations, and trainees that showed all stakeholders perspectives were valuable and necessary to further discussion. From the applicant side, the ideal was an environment where the ROL was verifiably locked prior to a second look to ensure that it would not affect position on the ROL. On the program side, concerns surrounded a shortened timeline for finalizing ROLs, the logistical challenges of hosting any formalized second look in the brief period between locking the ROL and the Match submission deadline, and the potentially widened disparity between programs with resources to handle this labor-intensive process versus those without. For GME organizations such as Inthealth, which represents international medical graduates, the primary concern was of another policy added to the already labyrinthine process

that is graduate medical education in the United States. Encouragingly, all sides agreed that voluntariness was necessary to individualize needs for each program and allow piloting of this process, while we also agreed that the locking functionality would remain important for both virtual and in-person interview settings, though was more applicable in virtual environments where an applicant has not yet visited a program and locale. Overall, the policy proposal was one that slightly favored applicants over programs in giving applicants the assurance that program ROLs have been submitted.

The other topics I wasn't assigned to also invited rigorous discussion. On the topic of the two-phase Match, the emerging sentiment was that the intended benefit of decreasing stress among applicants was uncertain to justify the additional work by programs to host a more formalized second phase Match. While offers in the Supplemental Offer and Acceptance Program may be known immediately following any interview process, applicants would not know of any Match result until the end of the second Match. For any unmatched applicants after the second Match, they would still enter SOAP.

The NRMP's demographic data roadmap concerned additional information that the NRMP proposed gathering and sharing, first with programs, and eventually applicants regarding various indicators of interest including socioeconomic diversity within a program. The data would be deidentified and shared only when available in aggregate. While also not ready for prime time, the discussed advantages included being able to more easily know whether a program that is seeking to recruit underrepresented populations in medicine is living up to their goals, while disadvantages discussed included the concern that the demographic makeup of a program may not reflect recruitment efforts as larger or academic programs tend to recruit sought after applicants more readily than smaller or more rural programs.

Finally, the fourth topic discussed was regarding the use of multiple established and emerging application services while retaining the use of NRMP for Match services. Given the proliferation of application services (e.g., ResidencyCAS for obstetrics and gynecology and CentralApp for plastic and reconstructive surgery) in addition to the predominant Electronic Residency Application Service, interoperability with NRMP remains crucial. While other matching services exist, such as SF Match for ophthalmology residency, stakeholders recognized NRMP is currently the most popular matching service. Moreover, it was pointed out that while primary applications are handled through each specialty's selected application service, the SOAP process does require an ERAS application, which may add an additional barrier for those who may not initially match.

Overall, I believe this was a very informative and fruitful Summit. When speaking with other stakeholders, it was widely recognized that we covered much ground in the two days and had thoughtful conversations about policy proposals that could have deep impact on the way we match trainees to residency positions and beyond. To do so equitably and with minimal stress on the applicant and programs remain the goal and the frequent goal during conversations. I thank you for the opportunity to attend this Summit and look forward to representing our AMA and AMA-RFS in any way that I can as it relates to medical education.

Sincerely,



Michael Visenio, MD, MPH
Chair, Standing Committee on Medical Education
Resident and Fellow Section, American Medical Association