

# Transparency in the Resident Physician Application Process

## Issue:

Concerns have been raised about the lack of transparency in the graduate medical education (GME) resident application process, particularly as it relates to filters used by residency programs to narrow down the number of applications for consideration.

## Background:

In the last two decades, residency applications from applicants have increased. [Data](#) from the Association of American Medical Colleges (AAMC) shows that while the average number of applications varies among specialties, the overall average number of applications per medical student is 95. The application fees of the AAMC's [Electronic Residency Application Service \(ERAS\)](#) are currently \$99 for 1-10 applications, \$19 each for 11-20, \$23 each for 21-30, and \$26 each for 31 or more. These costs can create a financial burden for applicants. In addition, the time and effort related to completing so many applications can place additional mental and emotional stressors on students. Some residency programs use undisclosed filters to aid in narrowing down the increasing number of applications to review. This lack of transparency may create an environment where some students are expending considerable time and cost on applications to programs in which they will not be considered and have no chance of being accepted. These issues may contribute to inequities in the application process.

Increased applications from applicants also creates a greater administrative burden for residency programs. The volume of applications may make it more difficult for residency directors to determine genuine interest from an applicant and complicate the interview selection process.

Related to lack of transparency, the American Association of Colleges of Osteopathic Medicine (AACOM) has raised concerns about discrimination against Doctor of Osteopathic Medicine (DO) GME applicants. AACOM introduced the [Fair Access In Residency \(FAIR\) Act](#), which seeks equitable access to Medicare-funded programs for DOs and MDs.

## Potential Strategies:

### Efforts in progress

In 2020, the [Coalition for Physician Accountability](#) (CPA) formed the Undergraduate Medical Education-Graduate Medical Education Review Committee (UGRC) to recommend solutions to identified challenges in the undergraduate to graduate medical education transition. The challenges include the lack of transparency to students on how residency selection occurs as well as increasing financial costs to students and programs associated with the rising number of applications. The UGRC released a report that offers several tangible recommendations to improve these circumstances. The AMA is a member of the CPA and participated in these discussions.

The AMA's [Reimagining Residency](#) grant program seeks to transform residency training to best address the workplace needs of our current and future health care system. One such effort is a 5-year project with the Association of Professors of Gynecology & Obstetrics that has set transparency standards for the issuing and

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acceptance of interview offers and communications about application status. This organization also has created an Alignment Check Index in collaboration with [FREIDA™](#), the AMA Residency & Fellowship database, to help applicants understand the desired priorities of such residency programs.

Resolutions submitted to the AMA House of Delegates at the 2023 Annual Meeting indicated continued interest in issues concerning residency and fellowship applications. The AMA adopted new policy to “oppose discriminatory use of filters designed to inequitably screen applicants, including international medical graduates, using the Electronic Residency Application Service® (ERAS®) system.”<sup>1</sup> Also, new policy supports that “residency and fellowship application services grant fee assistance to applicants who previously received fee assistance from medical school application services or are determined to have financial need through another formal mechanism.”<sup>2</sup>

## Further considerations

- Encourage key stakeholders to identify and study options for improving transparency in the resident application process
- Continue to support the efforts of the AMA Reimagining Residency initiative
- Continue to participate in the Coalition for Physician Accountability
- Support strategies that champion a more holistic review process, which may also improve equity, diversity, and belonging for entrants into GME and the physician workforce
- Consider strategies to assist MD and DO students and GME programs with reducing the burden of excessive numbers of applications

## Moving Forward:

The AMA continues to support improvements in the transition from undergraduate to graduate medical education and continually collaborates with various stakeholders including the Accreditation Council for Graduate Medical Education (ACGME) and the Organization of Program Director Associations (OPDA). AMA policies that demonstrate such support include:

- [Filtering International Medical Graduates During Residency or Fellowship Applications, H-255.963](#) <sup>1</sup>
- [Principles of and Actions to Address Medical Education Costs and Student Debt, H-305.925](#) <sup>2</sup>
- [National Resident Matching Program Reform, D-310.977](#)
- [Policy Suggestions to Improve the National Resident Matching Program, D-10.974](#)
- [Mitigating Demographic and Socioeconomic Inequities in the Residency and Fellowship Selection Process, D-310.945](#)
- [Progress in Medical Education: Structuring the Fourth Year of Medical School, H-295.895](#)
- [Residents and Fellows' Bill of Rights, H-310.912](#)

## AMA Resources:

- [Council on Medical Education](#)
- [ChangeMedEd](#)
- [Reimagining Residency](#)
- [Policy Finder](#)
- [Health Care Advocacy](#)
- [Medical Student Section](#)
- [Resident & Fellow Section](#)
- [FREIDA](#)