

To the Editor: A Response to: The US Residency Match at 70: What Was, What Is, and What Could Be

We at the National Resident Matching Program (NRMP) reviewed with interest the article by Williamson et al and understand their concern about the transition to residency.¹ The authors recommended the NRMP assume oversight of the interview period during residency recruitment. In 2021, the NRMP issued a position statement² on interviewing that called for greater equity in the selection process, and in 2022, the NRMP codified the position statement into interview policies now incorporated in the Match Participation Agreement. Per NRMP policy, programs cannot extend more interview invitations than available interview slots, must allow applicants 48 hours to respond to interview offers, and must apply reasonable notice of interview cancellations. Applicant policies were also developed.

The authors recommend the NRMP “delineate” time frames for extending and ending interview offers. Historically, guidance around the timing of interview offers and interviews has been at the discretion of programs and with guidance of specialty leadership. The NRMP is aware that not all specialties offer guidelines, not all programs follow the guidance of their specialty, and not all programs are transparent about their interview processes. Nonetheless, the NRMP revised its Codes of Conduct in 2022 to recommend that programs establish and publish uniform interview release and notification deadlines. However, without a standardized interview platform overseen by the NRMP, enforcing policies intended to give structure and oversight to that process would be challenging.

The authors go on to state the NRMP should “encourage efforts to reduce application numbers by ‘allowing’ more efficient means for programs to identify well-suited and interested learners...such as preference signaling” and improve data sharing. The NRMP engages in data sharing annually, providing program match data to Residency Explorer, a tool

that helps applicants use personal and program-centric data to better identify and target programs for application. In 2021, the NRMP engaged with the Association of American Medical Colleges and specialty leaders implementing supplemental application and preference signaling pilots to ensure that Match policy protecting all participants was not compromised. Additionally, the NRMP has engaged in research with otolaryngology leadership to analyze the outcomes of preference signaling on ranking and match outcomes.

Reducing applications would undoubtedly benefit all members of the medical education community. However, many of the solutions proposed (eg, application caps, interview caps, preference signaling) make enormous asks of learners without systemic changes by programs, and learners should not be expected to shoulder the burden of the solutions. High application numbers are, among other things, the result of an imbalance in the number of learners and training positions, inadequate and antiquated funding mechanisms for graduate medical education, a lack of coordinated resources to help programs and learners target alignment, and a lack of transparency by specialties, institutions, and programs about processes and eligibility for positions. The medical education community must address these realities. For its part, the NRMP remains dedicated to its mission and its willingness to continue implementing appropriate policies, research, and solutions that work to reduce the hypervigilance experienced throughout the transition cycle and improve the experience for future generations of physician learners.

References

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