

To the Editor: The US Residency Match at 70

I read with interest the article “The US Residency Match at 70: What Was, What Is, and What Could Be.”¹ The authors present a cogent and complimentary review and analysis of The Match, and are to be congratulated on this brief review.

However, one unsolved problem in the current National Resident Matching Program algorithm is that of subspecialty applications and dual applicants. For instance, those applying in the specialty of dermatology would be remiss not to apply in the broader field of internal medicine, just as those applying to integrated thoracic surgery should apply to general surgery programs as a backup. However, the rules of the Match allow for separate personal statements and letters of recommendation, creating an illusion of applying solely in one specialty when the applicant secretly wants to be in another. Every program director has experienced the jolt of discovering, too late, after the Match, that an interviewee matched into a different field! In the current arrangement, a student who declares a potential interest in a less competitive specialty, and has a compelling application that suggests an interest in a

more competitive one, may be perversely rejected, for looking “too good.”

In a profession built on trust, we are starting from a position of ethical compromise, but one which is the proper match strategy. Instead, perhaps we should employ an early match for specialists, in which those who do not attain the more selective position may be welcomed into general programs. The number of applications per general program would be reduced to legitimate applicants, and programs could focus on the fit of the applicant rather than attempt an armchair psychological analysis of which specialty the applicant actually desires.

References

1. Williamson E, Soane C, Carmody JB. The US residency match at 70: what was, what is, and what could be. *J Grad Med Educ*. 2022;14(5):519-521. doi:10.4300/JGME-D-22-00248.1



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