

To the Editor: Reforming the Match—Time for Something Completely Different?

Warm et al reviewed some of the many limitations of the current system for matching medical school graduates into residency training positions.¹ However, their solution of bypassing the National Resident Matching Program (NRMP) misses the root cause of the problem. As pointed out by Warm et al, the problems with the Match began with “a severe case of application fever.”¹ Currently, this “fever” places an extraordinary burden on programs to evaluate hundreds or thousands of candidates to find a far smaller number of trainees. With the disappearance of quantitative measures of performance (ie, test scores, grades, and class ranking), programs are left conducting time-consuming² “holistic reviews” to identify and stratify candidates. But, neither qualitative reviews nor interviews reliably predict subsequent performance.³ Rank lists based on these criteria do not predict resident success⁴ and are likely little different from ones generated by chance. Candidates, on the other hand, have clear priorities about geography, program size, and career aspirations that allow them to make meaningful distinctions and create well-considered rank lists.

We propose an alternative that “flips the script,” decreasing the burdens of the application and interview process while prioritizing the preferences of the candidates: a lottery.

How would a lottery work?

- Each fall, programs would host virtual open houses, tours, and information sessions. Professional societies or the Association of American Medical Colleges could coordinate scheduling of these events. Candidates could attend as many of these sessions as they wished and learn more about each program.
- Candidates would submit a focused (5-10 program) rank list to the NRMP.
- The Match algorithm would run as usual except that program rank lists would be generated randomly.

- Unfilled positions and unmatched candidates could participate in a second lottery or revert to the current Supplemental Offer and Acceptance Program.

What are the advantages of a lottery?

- A lottery is cheaper. Candidates and programs are spared the time and money demanded by the current application and interview process.
- A lottery is more efficient. Multiple interview days and informational sessions are condensed into a handful of events. Programs could redirect their resources to teaching residents. Candidates could return to learning medicine.
- A lottery is unbiased. Allopathic, osteopathic, and international students would all be treated the same. A lottery would avoid implicit and explicit bias around race, gender, sexual orientation, medical school, test scores and more.
- Most importantly, our proposed lottery recognizes that candidates are better suited than program directors to make this critical choice.

In summary, there is wide agreement that the current US residency matching system is broken. Abandoning the Match, as suggested by Warm et al¹ seems nihilistic. We offer a solution that would relieve applicants, schools, and programs of the burdens imposed by the current process but still prioritize the candidates, who are best suited to determine which programs match their needs and interests.

References

1. Warm EJ, Weber D, Kinnear B. A eulogy for the Match. *J Grad Med Educ.* 2023;15(3):303-305. doi:10.4300/JGME-D-23-00167.1
2. Golden BP, Holland R, Zakowski L, Smith J. Using a consensus-driven approach to incorporate holistic review into an internal medicine residency program. *J Grad Med Educ.* 2023;15(4):469-474. doi:10.4300/JGME-D-22-00637.1
3. Dubovsky SL, Gendel MH, Dubovsky AN, Levin R, Rosse J, House R. Can admissions interviews predict performance in residency? *Acad Psychiatry.* 2008;32(6):498-503. doi:10.1176/appi.ap.32.6.498
4. Everett GD, Maharam E, Yi F. National Resident Matching Program rank order and performance in an internal medicine residency. *South Med J.* 2021;114(10):657-661. doi:10.14423/SMJ.0000000000001301

DOI: <http://dx.doi.org/10.4300/JGME-D-23-00603.1>

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