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3 Title: Standardizing the Allopathic Residency Match System and Timeline
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5 Introduced by: Kelly Curran, Gunjan Malhotra, and Andrew Zureick for the Medical Student
6 Section
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8 Original Author: Andrew Zureick
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10 Referred to: Reference Committee E
11
12 House Action: **APPROVE**
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14
15 Whereas, medical students applying to the vast majority of allopathic specialties submit their
16 residency applications through the Electronic Residency Application Service (ERAS), sponsored by the
17 Association of American Medical Colleges (AAMC) and submit PGY-2 and/or PGY-1 rank lists through the
18 National Resident Matching Program (NRMP), which releases placement results to candidates in March¹,
19 and
20

21 Whereas, medical students applying to ophthalmology submit residency applications through
22 the Common Application System (CAS), sponsored by the San Francisco Matching Program (SFMP) and
23 also submit PGY-2 rank lists through the SFMP, which notifies candidates of placement results in
24 January, but they must additionally submit PGY-1 applications through ERAS and rank PGY-1 positions
25 through the NRMP for a March intern-year match^{2,3}, and
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27 Whereas, medical students applying to urology submit their residency applications through
28 ERAS, submit rank lists through the American Urological Association (AUA) match program, which
29 notifies candidates of placement results in January, and they must enter the NRMP to secure a PGY-1
30 position in General Surgery at the same institution as a formality for a March intern-year match⁴, and
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32 Whereas, ophthalmology and urology started using independent match systems on an “early
33 match” timeline in 1977 and 1985, respectively, which at the time were a direct consequence of the
34 NRMP not being able to arrange PGY-2 and PGY-1 placements simultaneously, but as the NRMP
35 algorithm now has this capability, their use of separate match systems is primarily vestigial, and
36

37 Whereas, on average, application and match fees for ophthalmology and urology applicants
38 exceed the fees incurred by all other applicants, given multiple application services and match systems,
39 and
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41 Whereas, from the 1980’s through early 2000’s, the SFMP also housed the residency matching
42 processes for otolaryngology, neurology, neurological surgery, and child neurology on an early match
43 timeline, but between 2007-2012, all four of these specialties switched to the NRMP¹, and
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45 Whereas, the existence of multiple match timelines and algorithms adds to the complexity of
46 the residency application process, and consolidating Ophthalmology and Urology into the same
47 algorithm and timeline as is used by all other specialties would directly streamline the match process for
48 1300-plus medical student residency applicants as well as all medical school administrators each year^{4,5},
49 and

50 Whereas, the SFMP also sponsors 21 fellowship matches and the plastic surgery residency
51 match for surgical residents applying to switch into plastic surgery, so were ophthalmology to switch
52 match systems, the SFMP would remain very much intact, and
53

54 Whereas, one historical benefit of the ophthalmology match being early was that students who
55 matched in January could use this information to customize their PGY-1 rank list in the NRMP to
56 preference a particular geographic area for their intern year (e.g., closer proximity to the rest of their
57 residency training); however, the NRMP now allows candidates applying to PGY-2 programs to create a
58 unique “Supplemental Rank Order List” of PGY-1 programs for each and every PGY-2 program listed on
59 their Primary Rank Order List, thus accounting for location preferences of all options automatically (e.g.,
60 Program 1 ~ Internship preferences A-B-C; Program 2 ~ Internship preferences C-B-A), and
61

62 Whereas, the NRMP is the only residency match system that permits medical students to “apply
63 as a couple,” and in the 2015 NRMP match, 2070 students (1035 couples) registered together, with a
64 match success rate of 94.8%, compared to a 93.9% match rate for single applicants^{6,7}, and
65

66 Whereas, if at least one partner in a couple is applying to ophthalmology or urology, students
67 have found it difficult to coordinate matching in the same location, given the logistical challenge of
68 separate timelines and algorithms⁸, and
69

70 Whereas, the number of students affected by the couples match dilemma due to three different
71 matching systems is unknown at present, but it can be approximately conjectured that a similar
72 percentage (as in the NRMP pool) of ophthalmology and urology candidates apply to residency
73 programs simultaneously with a significant other⁹, and
74

75 Whereas, the Association of University Professors in Ophthalmology (AUPO) believes that the
76 competitiveness of ophthalmology would make coordinating a successful couples match very difficult,
77 but every year, students successfully ‘couples match’ into other very competitive specialties with even
78 fewer available positions (e.g., neurosurgery, radiation oncology), including highly regarded
79 programs^{10,11}, and
80

81 Whereas, the AUPO notes that a current benefit of operating an independent process is that
82 students complete two separate application forms, and as such, students may differentially tailor their
83 personal statements to ophthalmology programs (CAS) versus internship programs (ERAS), but the ERAS
84 interface allows applicants to submit unique personal statements to different programs¹¹, and
85

86 Whereas, otolaryngology switched from the SFMP early match to the NRMP primarily because
87 the PGY-1 year became integrated with the otolaryngology residency and there was no longer a need for
88 students to apply separately to PGY-1 programs, but also in part because of recognition that applicants
89 hoping to couples match found it difficult to coordinate match cities with ENT formerly in the early
90 match¹², and
91

92 Whereas, were the ACGME to recommend that ophthalmology fuse the PGY-1 year into its
93 residency training programs (switching it from “advanced” to “categorical”), the AUPO has stated that
94 this would be the most powerful impetus to consider switching to the NRMP from their perspective,
95 much like was the case for otolaryngology in 2007, but no funding source presently exists to facilitate a
96 transition of this sort according to the AUPO¹¹, and
97

98 Whereas, since switching from the SFMP to the NRMP in 2009, neurosurgery has seen an overall
99 decrease in unmatched applicants, a product of adding 31 more residency positions (179 positions in
100 2008 to 210 positions in 2015) since switching and a decreased mean number of applicants after the
101 switch (347 average/year from 2003-2008, 316 average/year from 2009-2015)^{6,13,14}, and

102 Whereas, the NRMP allows ranking of multiple specialties in the same rank list, providing
103 students with increased flexibility and security when developing their match list, but submitting rank
104 lists for different specialties to multiple match systems (e.g., SFMP+NRMP, AUA+NRMP) after successful
105 placement in a program is a violation of the match process¹⁵, and

106
107 Whereas, the American Medical Association (AMA)-Medical Student Section (MSS) has asked
108 the AMA “to remain committed to ensuring a fair residency selection process that works to
109 accommodate students' best interests,” as stated in 295.069 MSS, and

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111 Whereas, our AMA recognizes “the National Resident Matching Program as an efficient and
112 effective placement system for filling positions in graduate medical education in the U.S.,” as stated in
113 H-310.925; therefore be it

114
115 RESOLVED: That MSMS supports movement toward a single U.S. residency match system and
116 notification timeline for all non-military allopathic specialties; and be it further

117
118 RESOLVED: That the Michigan Delegation to the American Medical Association (AMA) ask our
119 AMA to adopt a policy that supports movement toward a single U.S. residency match system and
120 notification timeline for all non-military allopathic specialties; and be it further

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122 RESOLVED: That MSMS work with the Michigan Society of Eye Physicians and Surgeons and the
123 Michigan Urological Society to advocate that ophthalmology and urology switch to the National
124 Resident Matching Program; and be it further

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126 RESOLVED: That the Michigan Delegation to the American Medical Association (AMA) ask our
127 AMA to work with the Association of University Professors in Ophthalmology, American Academy of
128 Ophthalmology, the Society of University Urologists, the American Urological Association, and any other
129 appropriate stakeholders to switch ophthalmology and urology to the National Resident Matching
130 Program.

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133 WAYS AND MEANS COMMITTEE FISCAL NOTE: NONE

¹ NRMP. (2014) “Charting Outcomes in the Match 2014.” Available at <http://www.nrmp.org/wp-content/uploads/2014/09/Charting-Outcomes-2014-Final.pdf>.

² SFMP. (2015) “SFMatch Calendar.” Available at <https://www.sfmatch.org/MatchCalendar.aspx>.

³ AAO. (2015) “Residency 101: The Basics.” Available at <http://www.aao.org/careers/envision/residency101.cfm>.

⁴ AUA. (2015) “Urology and Specialty Matches.” Available at <https://www.auanet.org/education/urology-and-specialty-matches.cfm>.

^{4,5} SFMP. (2015) “Overview - Ophthalmology Residency Match” Available at <https://www.sfmatch.org/SpecialtyInsideAll.aspx?id=6&typ=2&name=Ophthalmology#>.

⁶ NRMP. (2015) “Advance Data Tables: 2015 Main Residency Match.” Available at http://www.nrmp.org/wp-content/uploads/2015/03/ADT2015_final.pdf.

⁷ Personal Phone Communication with SF Match office, January 15, 2015.

⁸ Ben White. (2012) “Considerations for the Couples Match.” Available at <http://www.benwhite.com/medicine/considerations-for-the-couples-match/>.

⁹ Personal communication by e-mail with Dennis S. Thomatos, Manager of SF Matching Program, October 14, 2015.

¹⁰ . University of Michigan Medical School, Match List Search. Available at <https://medicine.umich.edu/medschool/education/md-program/residency-career-development/match-day/match-list-search>. Accessed January 11, 2016.

¹¹ Personal communication with the Association of University Professors in Ophthalmology, May 11, 2015.

¹² Cabrera-Muffley C, Sheeder J, Abaza M. State of Otolaryngology Match: Has Competition Increased since the “Early” Match? *Otolaryngology Head Neck Surg.* 2015;152(5):838-42.

¹³ NRMP. (2015) NRMP Historical Match Reports. Available at <http://www.nrmp.org/match-data/nrmp-historical-reports>.

¹⁴ Society of Neurological Surgeons. (2008) Neurological Surgery Matching Program, Neurosurgery Match Report – January 2008. Received as a PDF by email from AANS, January 2015.

¹⁵ NRMP. (2015) Match Commitment – What You Need to Know. Available at <http://www.nrmp.org/policies/the-match-commitment/>.