

VIEWPOINT

Reforming the Match Process—Early Decision Plans and the Case for a Consortia Match

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Each year, on match day, about 300 prospective otolaryngological residents are very happy, but at the same time, many equally qualified applicants (about 70) are sad.¹ Unlike most other disciplines, the otolaryngological applicant pool is already highly self-selected and competitive across the board (approximately 60% Alpha Omega Alpha members),² with most of the matched and unmatched applicants being indistinguishable from one another in terms of accomplishments and perceived future performance.³⁻⁵ Hence, fear and anxiety caused by the harsh reality of the National Resident Matching Program¹ statistics have led students to apply to more programs each year; now, conventional wisdom suggests that that magic number is 50, which also results in a proportionally excessive number of interviews. Everyone is now almost applying everywhere, which is already the case with peer specialties such as dermatology and plastic surgery.

There have been many solutions advocated to address this problem, including limiting the number of program applications, radically scaling application costs, aggressively counseling self-restraint,⁶ and more recently, a customized paragraph for each program by each applicant. A means to impose self-restraint is needed; it should be fair and equitable, and perhaps have a reward as well as an element of risk. One solution is to adopt a hybrid early match and regular match system that is not unlike the early decision plans that many colleges and universities started using several decades ago. The twist is that this early match would be a focused match into various consortia. A consortium would consist of a basket of residency training programs that shared commonality with one another by program caliber, reputation, geography, or some other clear common feature (eg, extra-year research-oriented residency tracks). Several different consortia could participate in an early match. On the other hand, an applicant could apply to only 1 consortium in the early consortia match and be committed to that outcome. For example, that process may mean matching at an outstanding program in a geographically undesirable area or to a program with some shortcomings in a desirable location.

As a concrete example, consider a hypothetical cohort of perhaps 60 applicants who seek to return to one major highly desirable metropolitan region, all of whom are top notch in every measure with which we evaluate students. These students theoretically may be among the best and brightest of an already exceptional self-selected applicant pool but are subject to the same fears and anxiety as even the least-qualified students in the match cohort. These exceptional applicants would in all likelihood be at or near the top of many program directors' rank lists, but they would still likely apply to at least

50 programs.¹ A consortium of 7 geographically linked residency training programs could offer to interview collectively 40 of these applicants, and the 40 applicants, if they partner in this early match process, would be committed to matching at 1 of the programs in this consortium. In this example, a consortium having a common denominator of being linked by geography in a highly desirable location will likely match exceptional applicants. By doing this matching early, not only would one eliminate this core group of exceptional candidates (who would otherwise hoard interview offers) from the general pool in the upcoming regular match but this would also open up more interview slots for the regular match that could be taken by applicants who are in the middle of an already exceptional bell curve. Although this early match may not reduce the administrative headache and burnout from reading and/or screening still more than 300 applications, it would refine the match process because those with selective special interests (both programs and candidates) would already be preselected out. A consortium based on geography (eg, greater New York City, greater Chicago, and southern California) would have substantial appeal.^{7,8} In fact, during the past 20 years, several southern California programs have, on an ad hoc basis, aligned interview days to reduce financial burden on travel among other goals. Hence, there is at least some historical support for geographic interviews and thus consortium composition using geography as a measure.

Most programs have more than 1 slot per year, need not allocate all positions into a consortium early match process, and should also reserve positions for the general match. A residency program may allocate positions into more than 1 early match consortium (eg, academic, research track, and regionals) but of course with the burden of an additional interview day. However, an applicant can only apply to 1 early match consortium. If unsuccessful in the early consortia match, applicants would be automatically considered for the general match at the same program for which they already interviewed (no second interview necessary).

Implementing this system would mean additional interviews in the fall, which is early by contemporary standards, but this would eliminate a large number of applicants who do not want to commit to a specific geographic region or believe that they have limited options at training programs of a certain caliber or training focus. It should reduce the number of applicants for the general otolaryngological match because many spots have already been filled, and it should eliminate sequestration of interview slots by a privileged few or group with highly focused interests.

The end result of an early consortia match would be that a large number of spots could be filled early, reduc-

ing or at least filtering the application and/or interview problem that is straining the current system. This process certainly reduces hoarding of interview spots by compelling applicants who have no reason to apply to 50 or more programs and interview at 20. A large number of applicants, presumably with either stellar credentials or unique and special backgrounds (eg, research oriented), desires, or regional preferences, would thus skip the general match process. There would be a self-selection because there is risk in applying to an early match consortium.

This match does, of course, take a bit more time from program directors and faculty. Residency programs within a given consortium would have to create some type of uniform standard with which to select common interviewees. However, there would be definitive filtering, which does not happen now, because a clear and distinct reason for a specific application would be needed. Consortia matching forces applicants to make hard decisions in the selection process because programs would now presumably be able to focus on recruiting the most-qualified and presumably most competent and aggressive applicants at an early time or the best fit of students who will most likely be happy with their choice (eg, applicants who really want to attend a specific type of program or geographic region).

This system is not without intrinsic flaws (ie, elitism, cartel-monopoly behavior, added labor, and heterogeneity in consortium membership composition). Nonetheless, it forces the applicant to be selective and creates the best fit between programs and applicants, just as early decision does with college admissions. The consortia approach probably does not change matters much for the best and worst training programs, but it may help the programs in the broad middle of the bell curve by whatever measure of excellence or desirability. Fortunately, this middle of the bell curve is broad and expansive with 80 or more programs and, like our outstanding applicants, to a degree indistinguishable from one another because of the good work of the Residency Review Committee.

To my knowledge, no specific effort today has succeeded in reducing the number of programs an applicant considers, and unsuccessful applicants are told to apply to more programs on the next round. Choice and restraint are imperative and go together with risk and reward. We must remember that the otolaryngological selection process in the United States was once part of the early match, and that had many advantages.⁹ We now should consider this approach again but in a new hybrid format that would be favorable to both training programs and the exceptionally qualified applicants who seek to pursue careers in our specialty.

ARTICLE INFORMATION

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Reforming the Otolaryngology–Head and Neck Surgery Match Should We Embrace a Consortia Match?

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Otolaryngology-head and neck surgery remains a desirable career and highly competitive residency application for graduating medical students. According to the preliminary Electronic Residency Application Service data, the median number of applications for an otolaryngological applicant in 2015 was 46.¹ Although this number represents a slight decrease from 2014, the median number of applications for Alpha Omega Alpha members increased during this same

time from 59 in 2014 to 63 in 2015.¹ This volume of applications creates an emotional, time, and financial strain on applicants and residency programs.² There have been a number of proposals within the past few years to try to address the increasing number of applications made by each aspiring otolaryngological resident. Some recent proposals to address the problems caused by the ever-increasing number of applications include standardizing letters of recommendation,³ having otolaryngological program directors explicitly advise applicants to target 10 to 20 carefully chosen programs,^{4,5} lim-



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