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 ⁴ Hence, fear and anxiety caused by another in terms of accomplishments and perceived factors' rank lists, but they would still likely apply to at least the best and brightest 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.⁵ ⁶ 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 regions) 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-
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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REFERENCES