Editorial

A Look Back at NRMP 2020 and the Road Ahead

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Abstract

Description
The 2020 Match has recently concluded. While the results give us some information about where the medical field is headed, the decision by the NBME and FSMB to change USMLE Step 1 score reporting to only a pass/fail outcome will also impact how residency programs navigate the NRMP in the years ahead.

Keywords
internship and residency; education, medical, graduate; personnel selection; achievement; behavior and behavior mechanisms

As we approach late spring 2020, it is the time of year we prepare for our entering class of residents and fellows and we start communicating with those we've recruited into those classes. It is also the time of year we analyze the data representing these individuals, and we cannot help but think ahead to next year—how can we do even better in recruiting an even stronger class? What worked well for us this year? What do we need to improve next year? How will we know that we accomplished the goal of recruiting a better and stronger class?

Let's start by looking at some of the numbers. In this Match, there were 44,959 applicants for 37,256 positions, the largest in National Resident Matching Program (NRMP) history, with 40,084 submitting rank order lists. It was also the first year that the NRMP served as the only vehicle by which programs filled their first-year positions, as the American Osteopathic Association phased out of the GME accreditation business in part by eliminating the National Matching Service. A look at more of the details reveals that less than half of the 40,084, or 19,326, were US MD seniors, with 6,581 US DO seniors, 5,167 US Citizen International Medical Graduates (IMGs) and 6,907 non-US Citizen IMGs. After the Match results were revealed, we learned that 1,897 positions were moved ahead to the Supplemental Offer and Acceptance Program (SOAP)—allowing unfilled programs and unmatched applicants to find each other in 3 rounds of SOAP, before Friday's traditional Match Day.[1]

As we comb through Match data—which we all do—we examine which specialties are growing in number, which are growing or fading in popularity and which are seeing changing demographics. In the first ("most desirable") category, the specialties that filled 100% of available positions in the Match were Dermatology, Medicine-Emergency Medicine, Neurological Surgery, Physical Medicine & Rehabilitation (C), Integrated Plastic Surgery, and Thoracic Surgery. Another measure of the attractiveness of the specialties includes a high percentage (>80%) of available positions filled by US seniors. This year, Integrated Plastic Surgery, Medicine-Pediatrics, Neurological Surgery, Orthopedic Surgery, Otolaryngology, Thoracic Surgery and Vascular Surgery increased in popularity among US seniors. The NRMP also reported Family Medicine, Internal Medicine, Pathology, Primary Care Pediatrics, and Preliminary Surgery were less popular with US seniors. With the national data as a backdrop, we look introspectively at our programs results in the specialties called out by the NRMP

as growing or fading in popularity, or those attracting more or fewer US seniors.[1]

As we look ahead to next year's recruitment cycle, we know a wholesale change is coming on the horizon. In February 2020, the Association of American Medical Colleges announced that the USMLE program would "change score reporting for Step 1 from a three-digit numeric score to reporting only a pass/fail outcome" and that a "numeric score will continue to be reported for Step 2 Clinical Knowledge (CK) and Step 3. Step 2 Clinical Skills (CS) will continue to be reported as Pass/Fail." They announced at this time that the policy would take effect no later than January 1, 2022.[2] It is not an overstatement to say that this changes everything. As published in 2011 in the *Journal of Surgical Education*, George Makdisi et al. concluded the following when writing, How we select our residents—a survey of selection criteria in general surgery residents. "Even though all general surgery programs have a wide range of screening/selection criteria, USLME Step 1 is the single most important factor for preliminary screening." The authors go on to state, "the interview is the most important factor in determining the final selection. The final selection is relatively subjective and based on a combination of interview, USLME scores, research experience, and personal judgment."[3]

So, acknowledging that the USMLE Step 1 three-digit numeric score is the single most important factor in determining who to invite to interview with our programs, where does this leave us for recruitment of the entering class of 2022? With what information will we be able to screen the applicants if this metric is removed? As we review Medical Student Performance Evaluations with standard narratives, descriptions of clerkship performance that are generic and medical school transcripts that frequently only contain pass/fail grades, how are we to determine unique characteristics that differentiate candidates from each other? Without increasing the number of interview invitations we extend to compensate for the lack of the USMLE Step 1 three-digit numeric scores, how do we utilize the information we do have to include or exclude candidates to consider?

As we approach the 20 months ahead, we need to consider how we can work with the medical school community, so that we can include more behavioral characteristics that allow us to identify candidates that are a good fit for our residency programs. I propose that we need to have more data from the medical schools than they are currently providing, qualitative and quantitative data, and scores that allow us to predict residency success. How do we gather evidence that relates to what we genuinely need to entrust our patients with resident physicians who prioritize patient safety and quality, teaming ability, professionalism, altruism and integrity?

We need to construct a rubric that will help align the evaluation of success in medical school with a prediction of success in our individual residency training programs. We need enough evidence to ensure the students we select for interviews and finally for ranking can demonstrate some success in the competencies and milestones against which their progress in GME will be measured. We look forward to identifying what information can be extracted from medical school performance in order to support our "best fit" conclusions.

Conflicts of Interest

The author declares he has no conflicts of interest.

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