APPLICATION INFLATION IN INTERNAL MEDICINE

The Bottom Line

- Every year, medical students are applying to an increasing number of IM residency programs.
- The data do **NOT** support the belief that US senior medical students are less successful in the NRMP Main Residency Match or that the Match is becoming more competitive over time.
- In the 2016 Match, IM programs needed to rank more applicants per position available in the Match than ever before to fill their spots (6.7 ranked applicants per position).[i]

Electronic Residency Application Service (ERAS)[ii]

- While the number of IM categorical positions available in the Match has risen 33% from 2012-2016:
  - The number of US and Canadian medical graduate (USG) applicants for IM categorical programs has **only risen by 10%** between 2013 and 2016, the number of international medical graduates (IMGs) applying to IM rose by **only 7%.**
  - The average number of IM categorical applications per USG climbed from 27.2 in the 2013 ERAS cycle to 34.8 in 2016, a **28% increase**. Even among AOA Honor Society members, the number of IM applications per student has increased from 19.9 to 25.6, a **29% increase.**
  - In this same period, the average number of IM categorical applications per IMG rose to **77.**
  - The average number of applications per IM categorical program has increased by **15% overall** between 2013 and 2016 to over 3,000 applications per program.
  - The average number of applications from USGs received by each categorical IM program from 2013-2016 has increased **32%** from 431 to 569, while applications from IMGs for each program rose from 2,243 to 2,514, a **12% increase**.

National Resident Matching Program (NRMP)

- The match rate for US allopathic seniors for ALL specialties has remained stable since 1982.
- For the 2016 Residency Match, US allopathic seniors filled **47%** of all available IM categorical positions.
- Osteopathic applicants (7%), previous graduates of US allopathic medical schools (2%), and IMGs (43%) filled remaining positions. 86 positions remained unfilled after the Match.
- The match rate for U.S. senior categorical and primary care applicants who prefer IM has approached 100% since at least 1992. IM preferred applicants are defined by ranking IM as the first specialty. [iii]
- Categorical and primary care applicants who prefer IM ranked on average 7.8 unique programs.
- 98.5% of US allopathic senior IM applicants who ranked IM as their only choice matched in 2016. Of the 3.240 applicants in this group, only 50 or 1.5% of U.S. allopathic seniors went unmatched.

Match rates of U.S. seniors who preferred IM programs (categorical and primary)
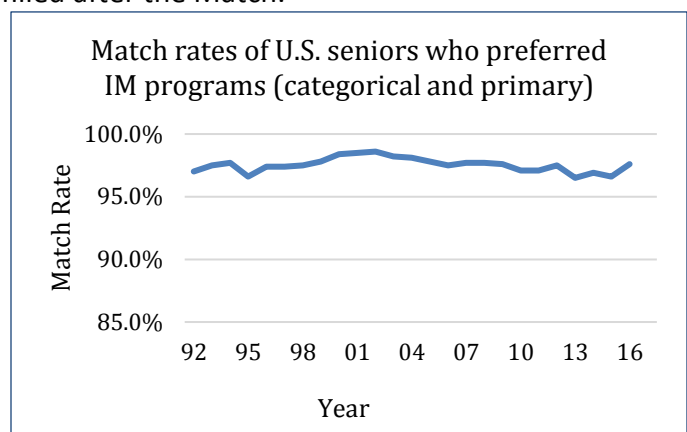
Negative Impact

- Fear and anxiety – unsubstantiated in the great majority of cases – among students, medical student advisors, and administrators.
- Increasing reliance on test scores to screen applicant pool, limiting opportunities for holistic review.
- Significant overlap of applicant pools across programs.
- Increased costs for programs and applicants when combined with the "all-in" policy, which disallows partial filling of positions outside of the Match.
- Programs sending more invitations than available interview slots.

What to Do: Tips for Medical Schools and Student Advisors

- Advise students on specialty choice and competitiveness well before the beginning of fourth year.
- Compile application, interview, and match data on recent graduates from your medical school. Share this data to facilitate student and advisor comparisons of competitiveness for residency programs based on graduates with similar characteristics.
- Facilitate a shift towards holistic review (rather than relying on USMLE scores) by developing well-defined and universally accepted descriptive terms on MSPE and letters of recommendation to communicate fair and honest evaluations of students' abilities.

> **AAIM Skills Development Conference**
>
> Residency Application Inflation: Challenges and Best Practices in Internal Medicine
>
> Saturday, October 22, 2016, 11:30 a.m. – 12:30 p.m.

What to Do: Tips for Residency Program Directors

- Make minimum application requirements and information about characteristics of students who are typically offered an interview or match in your program readily accessible and transparent on your website (average USMLE scores, research/publications, class quartile, etc.)
- Do not extend more interview invitations than the number of interview positions available.
- Clearly communicate the expectation that an applicant must respond to an interview offer within two to three business days or risk the interview spot being given away.
- Do not require a supplemental application or charge any type of additional fee.
- Inform all applicants of their status (invited, on hold, rejected) once a decision is made.

What to Do: Tips for Medical Students:

- Meet with advisors early and do not wait until the beginning of the fourth year.
- Access and use application, interview, and match data on recent graduates from your medical school to facilitate comparisons of your competitiveness for specialties and specific residency programs based on graduates with similar characteristics (grades, test scores, research, leadership, AOA, etc.)
- Do not apply to programs to which you have no intent to attend.
- Do not accept offers to interview at more than one program on the same day.
- Respectfully and quickly decline interview offers from a program that you would not want to attend.
- Respond (either positively or negatively) to a program's interview offer within two to three business days.
- Provide at least one week's notice prior to cancelling a scheduled interview to allow programs to offer this valuable opportunity to another student.

---

[i] NRMP data come from: http://www.nrmp.org/wp-content/uploads/2016/04/Main-Match-Results-and-Data-2016.pdf
[ii] Data in these bullets come from 2016 ERAS data table (https://www.aamc.org/services/eras/stats) except AOA data, which references 2015 ERAS data table.
[iii] Based on NRMP data request. Per AAIM's agreement with the NRMP, this data will only be made public on this fact sheet.