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Without the National Resident Match, Inefficiencies and a Chaotic Process Would Return to Medical Education

The Match was created 50 years ago to bring fairness and order to the then-chaotic and often inequitable process by which graduating medical students secured positions in residency programs. Without the Match, the transition to this second phase of medical training was a frenetic free-for-all, involving thousands of students and thousands of residency programs scrambling simultaneously to find their best options. Programs and students alike were dissatisfied with the process and often with the resulting placements.

The establishment of the Match in 1952 ended this chaos and instituted a fair and efficient process that helps medical students and residency program directors match their preferences for each other as closely as possible. In this system, students rank order their program preferences and submit their lists to the Match. In a similar fashion, residency program directors identify the candidates that best meet the nature of their programs and submit their lists of top candidates in order of preference to the Match. The Match then aligns the choices and preferences of medical students and residency programs using a mathematical algorithm. Typically, more than 60% of students get their first choice, and 85% get one of their top three choices.

Ending the Match: What's At Stake for Medicine?

A lawsuit filed by three former residents seeks to end the current Match, an effort that would resurrect the chaotic, unfair and inefficient practices of the past. Without the Match, medical education and the medical profession would lose a time-tested system and the orderly transition it provides for thousands of students from medical school to residency. Without the Match:

- Programs would commit positions to perceived “strong” candidates before considering other possible applicants;
- Increasingly early offers from residency programs would compel students to make premature decisions before having a chance to consider all available options;
- Many students and residency programs would renege on early commitments after learning of other more attractive options, resulting in students losing positions and programs with unfilled vacancies at the last moment;
- Programs would rely more often on informal networks to identify residency candidates because of increasing time pressure. As in the pre-Match era, special deals, favoritism, and reliance on

“known” candidates would be common, leading to unfair advantages and narrower applicant pools;

- Married medical students would have no systematic means of finding residencies in the same city or region.

Ending the Match: What’s At Stake for the Public?

Without the Match, the public would lose a system that is integral to American medicine’s proven ability to train the most highly skilled doctors in the world. The Match reduces the practical barriers for medical students who wish to compete equally for positions in a broad range of programs, thereby allowing students to maximize their access to training opportunities and optimize their skills as future physicians. The Match also helps provide stability to the residency program selection process, by helping ensure that programs have neither too many nor too few residents. As a result, new doctors maximize their access to training opportunities and optimize their skills as future physicians, while program directors have more time to provide education and training, instead of spending their time recruiting residents. This important balance ultimately ensures that patients receive the very best of care.

Far from being illegal, the Match provides an efficient, pro-competitive process for pairing prospective residents with residency programs. It is not the product of some back-room conspiracy involving the institutions and organizations that provide and support residency training, but rather the joint product of medical students and residency programs working together over many years to develop and improve the process for transitioning into the residency phase of graduate medical education. The Match has nothing to do with how stipends are set, the hours that residents work, or any other aspect of the relationship between a resident and his or her residency program. It is simply a computer-based method for matching preferences. It has worked well for more than 50 years, and it is legal.

Simply put, eliminating the Match unnecessarily undermines a health care system that depends strongly on the very best trained physicians. Supporters of the Match are currently exploring legislation that would confirm the Match’s positive and lawful role in medical education and ensure its continued availability as a vital component of American medicine for years to come.