

SUCCESS OF MINORITY APPLICANTS IN THE NATIONAL RESIDENCY MATCHING PROGRAM

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This study was undertaken to determine how minority students at nonminority medical schools perform on the National Residency Matching Program.

The National Residency Matching Program (NRMP) has been praised as the most equitable manner of residency matching. Some proponents insist that it is a far fairer system than the routine admission-rejection system used by colleges, medical schools, or other schools. The system often works to the adversity of minority students because many hospitals do not rank minority applicants as willingly as nonminority applicants. The hesitancy on the part of hospitals in the past has been described as the "overlapping" syndrome, and the prototype is described in this paper.

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If two applicants applied to Hospital A and also applied to Hospitals B and C, and if the two applicants with the best academic records are listed for all three hospitals, then other good candidates at Hospital B and Hospital C will go unlisted. These two candidates choose Hospitals A, B, or C as their first choice. The other two hospitals will have no minority housestaff because each ranked only two. The convenient excuse, "We ranked two but they chose to go someplace else," is always given.

The first study of NRMP was done by this author and Vivian Pinn in association with the Central Recruitment Council of Boston in 1973. Those data were unpublished and will be shared in this paper. During the same time, a study by Dr. Curtis at Cornell was published. Dr. Curtis used the list of the National Medical Fellowship as his source of graduates. His mailing lists were only of students who had received scholarships by the National Medical Fellowship, including students from Howard and Meharry. His data did not differentiate among those students. The data reported by Dr. Pinn and this author on the Central Recruitment Council for Minority Students were on students attending only nonminority medical schools (Table 1).

This data collection was done by the Central Recruitment Council for four years, and then subsequently by the National Association of Medical Minority Educators. In the past, questionnaires have been sent to graduating seniors containing information as to how they ranked. This year the

TABLE 1. THREE HOSPITALS IN THE NATIONAL RESIDENCY MATCHING PROGRAM

	Hospital A	Hospital B	Hospital C
Number of interns	18	16	20
Number of applicants	400	374	488
Number of applicants needed to list in order to match	33	46	55
Number of minority applicants	12	9	14
Number of minority applicants with competitive/acceptable records	6	3	2
Number of minority applicants ranked within matching	2	2	2
Total number of minority applicants ranked	2	2	2
Total number of minority applicants matched	2	0	0

study was done differently, as described in the "Methods" section.

METHODS

Questionnaires were sent to the offices of minority affairs and to the deans of students in all of the American medical schools. The questionnaire simply asked information in terms of the total number of students graduating, number of minority students graduating, number of minority students participating in the NRMP, total number of those participating in the NRMP, the number that ranked their first choice, second choice, third choice, fourth choice, and other choice, and unmatched. This study is an attempt to determine how minority students at nonminority medical schools perform on the NRMP, and for that reason, student questionnaires were not sent to Howard or Meharry.

RESULTS

Table 2 shows the number of questionnaires mailed and the percentage responding. Eighty-eight percent of schools are represented. In Table

3, the total number of schools that responded was 72, representing 492 minority graduates. Ninety-five percent participated in the NRMP, and 14 percent were unmatched. Table 4 indicates the percentages by specialties.

DISCUSSION

Internship committees are unwilling to rank more than one or two minority applicants regardless of the quality known. Many program directors from nonminority hospitals will admit that they are hesitant to rank more than two because of the lack of control of being sure how many will match. To put it simply, a large number of American hospitals still are not comfortable with having more than two minority house officers in a particular internship/residency program. These committees have no control over how far down on the NRMP list they will go each year to get housestaff and no idea of where the applicants are ranking them. A hospital affiliated with a particular medical school ranks more candidates from that school to ensure a minimum number of candidates from that particular medical school. In other words, in order to assure having a minimum number (X) of house-

TABLE 2. NATIONAL RESIDENCY MATCHING PROGRAM QUESTIONNAIRE AND RESPONSE DATA

	NAMME* Members	Deans of Student Affairs
Number of questionnaires mailed**	96	87
Number received	21	64
Percentage of respondents	22	79
Overlapping (%)		19
Percentage of schools responding		82

*National Association of Medical Minority Educators

**Percent overlapping 19, percent of schools responding 82

TABLE 4. NATIONAL RESIDENCY MATCHING PROGRAM DATA ON INTERNSHIP SPECIALTIES

Types of Internships	Percentage
Medicine	52.5
Pediatrics	11
Family Medicine	15
Obstetrics/Gynecology	11
Surgery	10
Rotating	0.5

staff from a particular group or place, a greater number (X plus Y) will be ranked in the matching. This is because some of those ranked will be ranking other places. This practice occurs with women, housestaff from any particular medical school, but not with minority house officers.

For the past 11 years we have monitored minority graduating seniors to determine how they have performed on the NRMP. Table 5 lists the percentage of unmatched minority students. The average has been around 9 percent annually. This year's (1984) showing of 14 percent is a new high and raises some concern.

A comparison should be made with how medical schools do generally in placing seniors. Most schools, with 60 percent, rank one of their first three choices, and less than 5 percent of all seniors go unmatched. That means the rate for minorities this year was more than 2½ times the national norm.

TABLE 3. NATIONAL RESIDENCY MATCHING PROGRAM DATA

Matching	Percentage
First choice	30
Second choice	17
Third choice	19
Matched, but below third choice	20
Unmatched	14

Total number of schools, 72; total minority enrollment, 492; percentage of minority in NRMP, 95.

TABLE 5. PERCENTAGE OF MINORITY STUDENTS UNMATCHED BY THE NATIONAL RESIDENCY MATCHING PROGRAM ANNUALLY (1973-1984)

Year	Percentage
1973	9
1974	8
1975	11
1976	9
1977	8
1978	9
1979	9
1980	9
1981	8
1982	8
1983	9
1984	14

We have taken class rank into account, and from previous data we know class rank to be a minor factor. In fact, minority students not in the top one third of their class sometimes do better because they tend to be less overlapping, and have a greater tendency to apply to local area hospitals around their respective medical schools. The students who tend to apply to lesser known hospitals in the vicinity of where they attended medical school often apply to programs that traditionally do not fill their quotas.

The problem is twofold. One, that of inaccurate counseling by many advisers, and more important, the practice of ranking few minorities by some residency committees.

So long as the invisible quota exists in some residency programs, the situation will remain. Honest discussion is needed, and this situation should be addressed by the American Association of Medical Colleges and its hospital committees.