

through the Electronic Residency Application Service portal and monitored by the Society of Academic Urologists. This may deter parties on both sides from engaging in gamesmanship and promote more straightforward communication.

Another possible solution is to address upstream factors that fuel the desire for applicants and programs to engage in gamesmanship in the first place. The commenters suggest that the insecurity fostered by a process as competitive as the Urology Match contributes to the concerning behavior documented during the match process.^{1,2} The results of 2019 Urology Match are compatible with this observation. It is striking that for the 389 rank lists submitted, applicants applied on average to more than 50% of the available programs (applicants applied to an average of 71 programs, with 135 residencies participating in the 2019 match).³

These numbers are reflective of a process in which applicants feel uncertain about the outcomes of their applications, in part due to the sheer volume of applicants vying for a small number of spots. This pressures each applicant to submit an ever-greater number of applications, causing their fellow applicants to do the same, thus creating a vicious cycle. Since 2013, the average number of applications submitted in the Urology Match has risen steadily each year, from 53 in 2013 to 71 in 2019.³

We suggest studying the possibility that conducting the Urology Match concurrently with the National Residency Matching Program Main Residency Match, rather than as an early match, might help to break this cycle. It may do so in 2 ways. First, it could increase self-selection by eliminating the pool of applicants who apply into urology with the intention of entering the National Residency Matching Program match if not successful in urology. Fewer applicants overall would decrease the perceived need to “play the numbers game.” Second, it would give applicants additional time to engage in urology-specific research and to schedule away rotations, allowing them greater familiarity with programs and making them more secure in their applications. Together, these changes may usher in a culture in which students take a more targeted approach to applying in the Urology match, and in which programs and applicants alike are less concerned with engaging in postinterview communication with a vast number of potential matches as a matter of necessity, and more focused on utilizing postinterview communication as a tool to engage with parties in whom they are genuinely interested.

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<https://doi.org/10.1016/j.urology.2019.01.044>

UROLOGY 128: 29–30, 2019. Published by Elsevier Inc.

EDITORIAL COMMENT



The match process for candidates and programs was created more than 50 years ago in an attempt to level the playing field for applicants and programs, and to foster selection decisions without coercion or undue pressure. Both the National Resident Matching Program and the AUA Urology Matching Program prohibit or discourage postinterview communication that is disingenuous for the purpose of influencing applicants' ranking preferences. The National Resident Matching Program code of conduct does not allow programs to require a second visit, while the current AUA Match Guidelines make no comment about second looks. Interestingly, there are no restrictions on applicants in their attempts to influence a program's ranking preferences. The current survey of urology residency program directors provides insight into the perspective of some of this contact, typically initiated by applicants. While 76% of programs reported receiving a promise to match from an applicant, 38% reported a failure to match an applicant, despite their informal commitment. It appears most Program Directors have rightfully remained skeptical, as 80% report that these informal promises do not influence their rank list process.

Applicants should stop promising.

Personally, while some argue for the benefits to the applicant of second looks, they should be banned entirely. They are costly, unfair, discriminate against applicants of lower socioeconomic status and certainly risks violating the integrity of the match to avoid coercion and undue pressure, even if the intent is genuine.

As I vividly remember being burned in the past, University of Washington is not influenced by these promises. We also tell all of our medical students that they are not required to tell a program that they are their first choice, but if they do, they must hold to this commitment, and they must not tell this to more than 1 program. Urology is a small world.

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<https://doi.org/10.1016/j.urology.2019.01.077>

UROLOGY 128: 30, 2019. Published by Elsevier Inc.