

Response to “Go for the Gold” Letter

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We are proud we share the same goal stated by Dr Rodriguez and colleagues¹ in their response to the work of Dr Siddiqi and colleagues—to² fill all family medicine residency positions in the most effective, efficient, and economical way possible for both programs and applicants. This is the central goal of the American Academy of Family Physician (AAFP) Residency Selection Improvement Initiative (RSII).

As part of RSII, we assessed the potential of multiple strategies to improve the main Match fill rates, including use of signals. While we agree that further study on how programs and applicants use signals would be valuable, we believe the current five-signal system should remain for now.

Each specialty has different goals for signals, leading to different approaches. In family medicine, the primary goal is to fill more positions in the main Match, whereas other specialties aim to reduce the number of applications per applicant. Although a tiered signal system is well-intentioned, evidence from the Association of American Medical Colleges (AAMC) and Thalamus suggests that larger or tiered systems dilute signal value and may limit interview opportunities for nonsignaling applicants.

Signal use in family medicine recently was reviewed by AAFP’s Commission on Education (COE), which includes residency and medical school faculty, residents, students and liaisons from other family medicine organizations. Using data from AAMC, the American Board of Family Medicine, the National Resident Matching Program, and Thalamus, the COE found the following:

1. Nearly all applicants used signals—96% sent at least one, with an average of 4.8 signals per applicant.³
2. Applicants who signaled a program had approximately five times

greater odds of being ranked competitively than those who did not.⁴

3. Fifty-nine percent of residents matched into a program they signaled.⁵
4. The number of applications submitted per applicant decreased significantly.³

These findings indicate that signals are functioning largely as intended in family medicine. Applicants who signal are more likely to get interviews, but interviews are not exclusive to them. Considering both signaling and non-signaling applicants helps residencies increase their main Match fill rate.

Maintaining a small number of signals preserves their value and helps demonstrate genuine interest. It also avoids gaming that can occur with larger systems and reduces confusion for programs and applicants that can arise from tiered approaches.

However, the issue of many family medicine applicants receiving zero interviews—particularly international medical graduates—remains a significant concern. Retaining the current system allows continued data collection to better understand how to support this group and develop targeted solutions. Additionally, increasing the number of programs using signals beyond the current 85% is a priority.

Because signals have been in use for only 3 years in family medicine, it is important to allow time for adaptation. We agree clearer guidance is needed for both programs and applicants and will continue to monitor outcomes.

More broadly, we have collaborated with the Association of Family Medicine Residency Directors to advance guidelines that improve the interview process. RSII has prioritized four strategies: recommending new interview guidelines,

creating a centralized program information tool, broadening the applicant pool, and supporting dedicated family medicine students. Together, these efforts support our shared goal—helping applicants find programs that align with their values and interests, and helping residency programs find the best applicants for them.

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