Impact of COVID-19 on the Ophthalmology Residency Home-Institution Match Rate

Robert T. Swan, MD1 Misha F. Syed, MD, MEHP2 Kimberly W. Crowder, MD3 Andrew G. Lee, MD4–11

1 Department of Ophthalmology & Visual Sciences, SUNY Upstate Medical University, Syracuse, New York
2 Department of Ophthalmology & Visual Sciences, University of Texas Medical Branch, Galveston, Texas
3 Department of Ophthalmology, University of Mississippi Medical Center, Jackson, Mississippi
4 Department of Ophthalmology, Blanton Eye Institute, Houston Methodist Hospital, Houston, Texas
5 Departments of Neurology, Neurosurgery, and Ophthalmology, Weill Cornell Medicine, New York, New York
6 Department of Ophthalmology, University of Texas Medical Branch (UTMB), Galveston, Texas
7 Department of Ophthalmology, University of Texas MD Anderson Cancer Center (UTMDACC), Houston, Texas
8 Department of Ophthalmology, Texas A&M University College of Medicine, Houston, Texas
9 Department of Ophthalmology, Baylor College of Medicine and the Center for Space Medicine, Houston, Texas
10 Department of Ophthalmology, University of Iowa Hospitals and Clinics, Iowa City, Iowa
11 Department of Ophthalmology, University of Buffalo, Buffalo, New York

Address for correspondence Robert T. Swan, MD, Department of Ophthalmology & Visual Sciences, SUNY Upstate Medical University, 750 East Adams Street, Syracuse, NY 13202 (e-mail: SwanRo@Upstate.edu).

Abstract

Purpose The aim of this study was to evaluate the ophthalmology residency match results to determine changes in the rate of home-institution matches during the coronavirus disease 2019 (COVID-19) pandemic.

Methods Aggregate deidentified summary match result data from 2017 to 2022 was obtained from the Association of University Professors of Ophthalmology and the San Francisco (SF) Match. A chi-squared test was performed to determine if the rate of candidate matching to the home residency program in ophthalmology was higher in the post-COVID-19 compared with pre-COVID-19 match years. A literature review using PubMed was performed of other medical subspecialty match rates to home institution during the same study period.

Results A chi-squared test for difference in proportions confirmed a significantly higher chance of matching to the home program for ophthalmology in the post-COVID-19, SF Match year of 2021 to 2022 compared with 2017 to 2020 \((p = 0.001)\). Other medical specialties including otolaryngology, plastic surgery, and dermatology also showed similar increased home institution residency match rates during the same time period. Although neurosurgery and urology also had increased trend rates for home institution match rates, these results did not reach statistical significance.

Conclusions The ophthalmology home-institution residency SF Match rate was significantly increased during the COVID-19 pandemic year 2021 to 22. This mirrors a trend reported in other specialties including the otolaryngology, dermatology, and plastic surgery in the 2021 match. Additional study will be required to identify factors leading to this observation.

DOI https://doi.org/10.1055/s-0042-1750022. ISSN 2475-4757. © 2022. The Author(s). This is an open access article published by Thieme under the terms of the Creative Commons Attribution-NonDerivative-NonCommercial-License, permitting copying and reproduction so long as the original work is given appropriate credit. Contents may not be used for commercial purposes, or adapted, remixed, transformed or built upon. (https://creativecommons.org/licenses/by-nc-nd/4.0/) Thieme Medical Publishers, Inc., 333 Seventh Avenue, 18th Floor, New York, NY 10001, USA
The coronavirus disease 2019 (COVID-19) pandemic has affected all aspects of the ophthalmology residency application cycle. Multiple changes for the 2020 to 2021 San Francisco (SF) Match cycle included reduced opportunity for in-person away rotations, centralized interview scheduling with a new cap on maximum interviews, and a switch to mandatory virtual interviewing. Retrospective analysis of other 2021 residency specialty matches including otolaryngology,1,2 plastic surgery,1,3,4 and dermatology5,6 have noted significantly increased home-institution residency match rates when compared with previous years. Interestingly, urology and neurosurgery also had higher home-institution match rate trends but did not achieve statistical significance.1 We hypothesized that there was an increased rate of SF Match rates to the home residency program during the COVID-19 and described the potential reasons for this statistically significant trend. To our knowledge, this is the first report to confirm the increased home-institution match rate of ophthalmology residents during the COVID-19 pandemic.

Materials and Methods

Aggregate deidentified summative SF Match data from 2017 to 2022 was obtained from the Association of University Professors of Ophthalmology (personal communication, Steven Feldon, MD). The SF Match data included totals for number of residency positions offered, positions filled, and number of students matching at home programs. A home-institution match was defined as a student matching at his/her medical school affiliated residency program. Statistical analyses were performed with Microsoft Excel (Microsoft, Redmond, WA). Results were analyzed with a chi-squared test for difference in proportions with \( p < 0.05 \) considered significant.

Results

Table 1 shows the number of residency positions offered, positions filled, and number of students matching at a home institution. There was a significant increase in home match rates for 2021 when compared with the combined years of 2017 to 2020 \( (p = 0.004) \). Similarly, a significant increase in home match rate was seen in 2022 when compared with the combined years of 2017 to 2020 \( (p = 0.02) \). In addition, a significant increase in home match rate was demonstrated when comparing the combined 2021 to 2022 years to the combined years of 2017 to 2020 \( (p = 0.001) \). There was no significant difference in home match rates between 2021 and 2022 as individual years \( (p = 0.65) \).

Discussion

Our findings are consistent with retrospective 2021 residency match analyses for otolaryngology, plastic surgery, and dermatology. Although neurosurgery and urology had increased trend rates of home-institution match rates, these results did not reach statistical significance. Faletsky et al noted that urology had a higher proportion of matched non-US senior graduates and neurosurgery had a higher proportion of international medical graduates (IMGs) when compared with otolaryngology and plastic surgery.1 The authors speculated that these groups may have “diluted” the home-institution match numbers leading to the observed statistical nonsignificance.

Outside of the medical specialties mentioned, we were unable to find reports on home-institution match rates for other medical specialties on the PubMed database using combinations of search terms “home,” “match,” “residency,” and “COVID-19” and reference checking of cited material. The strength of our dataset is that it reflects the complete ophthalmology match and does not rely on self-reporting or survey data. The main weakness is that the limited summary data does not allow us to look for specific factors that may be driving the observed trend. In addition, we only have the home-institution program data and not the home city (where multiple programs might exist in the same city or region). We also suspect that the no-match rate for candidates without a home program or for multiple candidates...
from the same institution might also be higher given the trends toward higher acceptance to home programs.

Future variables for study might include presence or absence of a home program, possible concurrent changes in region-based matching, relevance of program size or geographic location, effect of completed virtual or in-person rotations during the pandemic, and changes in the matched number of nonsenior and IMG candidates. In dermatology, while the home-institution match rate increase was significant, the home-region match rate was not. It was also noted that larger dermatology programs were more likely to match home candidates. Both otolaryngology and plastic surgery noted a reduced match rate for applicants without a home program.

One hypothesis for the increased home-institution match rate in ophthalmology is that it is directly related to COVID-19 restrictions on away rotations. This is the leading hypothesis from nearly all dermatology, otolaryngology, and plastic surgery publications reporting increased home-institution match rates. Plastic surgery noted an increased match rate if a virtual rotation was performed. Since our relative increase in home matches is ~25 students, it would be interesting to see if there is a subset of ophthalmology applicants or programs that place a higher emphasis on the away rotation when creating a rank list. The published data on ophthalmology away rotations remains limited and is another area of possible future research focus.

A second hypothesis for the increased home-institution match rate is that it is only indirectly related to COVID-19 and more directly a result of the shift to virtual interviewing. A 2021 survey of ophthalmology applicant and program perceptions of the 2020 to 2021 application cycle found that a majority of both medical students and program directors had a preference for in-person interviews, specifically noting the ability to “connect” with faculty. Abdelwahab et al suggested one factor for dermatology's increased home-institution matches was a program’s unfamiliarity with outside applicants secondary to virtual rotations and virtual interviewing potentially leading to higher ranking of internal candidates.

**Conclusion**

Compared with 2017 to 2020, there was a statistically significant increase in home-institution matches for the 2021 and 2022 ophthalmology residency match cycles. This coincides with the COVID-19 pandemic and mirrors a trend seen in otolaryngology, dermatology, and plastic surgery for the 2021 match. Additional study of accessible ophthalmology match data, potentially with a survey of both recent applicants and programs, is needed to identify and delineate possible factors leading to this observation.

**Financial Support**

Supported by an Unrestricted Grant from Research to Prevent Blindness to SUNY Upstate Medical University’s Department of Ophthalmology & Visual Sciences and Lions District 20-Y.

**Informed Consent**

No informed consent was required for this manuscript.

**Conflict of Interest**

No conflict of interest exists for any author.

**Acknowledgments**

The authors wish to thank Steven Feldon, MD, Executive Vice President of Association of University Professors of Ophthalmology, and Dennis Thomatos, Manager of the San Francisco Match, for providing match data and Daniel K. Reynolds for assistance with the statistical analysis.

**References**