The Emergency Medicine Re-Applicant Applying Guide

Mary Ann Edens, MD; Jeffrey Druck, MD; Adam Kellogg, MD; Alexis Pelletier-Bui, MD; and Emily Hillman, MD

on behalf of the CORD Advising Students Committee in EM (ASC-EM)

Last Edited/Updated: March 2026 by Erin Karl, MD, MEHP

This applying guide is intended for those who were unsuccessful in matching in Emergency Medicine (EM) but still wish to pursue training in EM.

General Overview: If you were unsuccessful in matching in Emergency Medicine (EM), you are now faced with a big decision: Are you still intent on EM, even if it is not this year? Not matching this year does not mean you cannot become an outstanding EM physician. Many unmatched candidates would have matched into a position if it were not for late applications, poor advising, a bad test score, or bad luck. In this guide, we will discuss your options moving forward and provide some advice on how to approach the re-application process.

Part One: What to do now?

The first decision you are faced with is what to do for next year. Although there are no concrete data regarding the best option, most people come up with one or more of the following plans:

1. **SOAP into an open EM** spot at a program you had not previously applied to:
    a. Of note, while the SOAP for EM is run via ResidencCAS, this ERAS reference is a nice overview of the process.
    b. Also see the ASC-EM No Match Monday guide for further details.
2. **SOAP into another discipline** with the intention of *reapplying to EM next year.*
3. **Take a year "off"** and do research or pursue a graduate degree like a Master of Public Health (MPH) to improve your CV.
4. **Extend medical school training** to a fifth year and improve your application for next year.
5. **SOAP into another discipline** *without* the intention of reapplying to EM next year.

Breaking Down The Options:

1. **SOAP into an open EM spot:** Using the SOAP to get into an open categorical PGY-1 EM spot had historically been almost impossible, with the open position rate hovering around 0.5%.[1] In the 2022 cycle, however, the open position rate jumped to 7.5%. Whether this is an aberration or a new normal has yet to be determined. Conversely, there are usually many available spots in Internal Medicine, Family Medicine, and preliminary Surgical programs. There is no reason not to try to SOAP into EM, but a backup plan is required.

2. **SOAP into another discipline:** This is the most common backup plan – a year of something else. In a recent survey of program directors, this was felt to be the best option for applicants who failed to match EM primarily (Likert rating of 3.47 on a scale of 1-5).[2] The clinical experience will better prepare you for EM training and can make you a stronger applicant. Going through the application process again can only enhance the perception of your commitment to EM. Many applicants have been successful using this pathway to eventually match into EM. If this option is chosen, there are two primary considerations: what kind of year to do and where to do it (more on that later).

3. **Take a year "off":** It is very difficult to complete an impressive research project in one year, but it is possible to complete a graduate degree, such as an MPH, in a year. There is little data available to determine if either of these options is helpful. Anecdotally, some programs are interested in candidates who pursue these options, and some are not. In a past EM PD survey, taking a year off to pursue a graduate degree appeared to be an acceptable option (Likert rating of 3.06), but taking a year to pursue research was actually rated as the least useful alternative (Likert rating of 2.53).[2]

4. **Extend medical school training:** This may not be an option for all students. The clear downside is financial cost, which is likely to be huge. If this is a viable option, the experiences that can be built into that extra year should produce a better-qualified candidate for next year's match. This is a particularly good option for solid candidates whose applications suffered from being late to EM. If insufficient opportunities to interview were the likely cause of your inability to match, then extending medical school is a possible solution. This option also leaves you available to fill a last-minute opening that might come up after the match. Program directors rated this option just below pursuing a graduate degree, with a Likert rating of 2.94.[2]

What kind of year to do?

There is no consensus among EM program directors on what kind of preliminary (prelim) PGY-1 year is best, or if a categorical program (contract for full course of training) is a comparable option; however, we now have a general feeling regarding this based on a past program director survey.[2] These are the most common options and some rationale:

- **Surgery prelim year**: Many students choose to do this, and program directors actually rated this as the preferred type of preliminary year (Likert rating of 3.74), just above the transitional year and medicine prelim year. There are those who feel the surgery year is more rigorous and therefore more impressive; however, there is often little flexibility in the schedule to allow for EM elective time and interviewing.

- **Transitional prelim year (TY)**: Some program directors feel this is the best preparation for a re-applicant (Likert rating of 3.60). Training is typically split between surgery and medicine, and many of the rotations match what is done in an EM1 year, and the future EM program may be able to give some credit for time spent on rotations during the TY year. The schedule may also lack flexibility for doing an EM rotation (when a new letter could be obtained) and for interviewing. In recent years, these spots have become increasingly difficult to find in the SOAP as fewer are available overall.

- **Medicine prelim year**: Often provides greater flexibility for getting EM elective time early and for interviewing. Some program directors may consider this less rigorous (Likert rating of 3.49). As with the other one-year options, at the end, the re-applicant is without a job, but finding a categorical IM program that will allow you to start as a PGY-2 should be an option if matching into EM fails.

- **Internal Medicine or Family Medicine categorical spot**: While these options have the same benefits and downsides as a one-year Medicine spot, they have the added advantage of still having a training position should a re-application to EM be unsuccessful. In the survey, however, program directors did not look as favorably on these two options (Likert rating of 2.55 and 2.30, respectively). Thematically, program directors showed a hesitancy to recommend SOAPing into a program with the intent of leaving after one year, thus compromising the program and taking away an opportunity for training from another applicant. However, if the applicant is up front about their intentions, this may be a viable option. Re-application to EM is hard, and the program director knows they have a high likelihood of keeping the resident; being supportive maintains a good relationship and is in their best interest. It is notable that if a student matches into a three-year IM or FM program and leaves after a year, they only have two remaining years of funding left, which could

preclude them from matching to an EM program that does not have the capacity to pay out of pocket for any remaining training years after they use up their three total years of GME funding.

- **Surgical categorical spot**: These may be the hardest to achieve, but a surgical categorical spot comes with a benefit to future residency directors: residency funding is tied to the resident and is allocated based upon the initial residency program. Therefore, surgical categorical spots come with five years of funding, allowing many EM residencies to consider taking on the applicant as a transfer (including giving some credit for ICU and trauma months that may have been completed).

Where to do it?

The ideal position is one where there will be the opportunity to do an EM elective early (August, September) in an ED that has a residency program. This gives the re-applicant access to new letters from leadership in an EM residency program as well as EM advising. The EM program director at this hospital is likely to be the best advisor and advocate for a re-applicant. Most EM program directors agree that these letters are the most important part of the re-application process.

Key Points

1. If you do not initially match into EM but plan to reapply next year, your options (in order of preference from past EM residency program leadership surveys) include: participating in the SOAP to secure a non-EM preliminary or categorical position, taking a year off to pursue a graduate degree, extending medical school training to a fifth year, and lastly taking a year off for research.[2]
2. Whenever possible, strongly consider an EM rotation in the summer or early fall so you can have an updated SLOE.
3. Accepting a training position of any type at a hospital with an EM residency program will best position you for access to EM rotations and ongoing EM advising.
4. Don't forget that if a student matches/SOAPs into a three year (IM, FM, etc.) program and leaves after a year, they only have two remaining years of funding left, which could preclude them from matching to an EM program that does not have the capacity to pay out of pocket for any remaining training years after they use up their three total years of GME funding.

Part Two: Improving the Re-Application

Before re-applying, it is important to critically review your application to determine why you did not match. Some issues may be obvious, but others may not be. Some issues may be surmountable while others may be more difficult to overcome. The information below can serve as a guide to reviewing your application and approaching the re-application process. You must aim to identify issues and formulate a plan for what you can do to counter these and strengthen your application.

Reviewing Your Application

It is often helpful to identify a trusted advisor to talk with about your application. Come prepared to discuss the number of programs you applied to, the number of interviews you attended, and also take some time to reflect on your EM application, EM rotation performance, and interviews. Even if you think that you know why you didn't match, an advisor may be able to offer additional insights into "red flags" in your application. "Red Flags" are things that are seen as warning signs to program leadership and may be the cause for your failure to match.

Why Applicants Don't Match and How to Deal with Them

1. **USMLE or COMLEX Scores**: Once you have taken the tests and passed, you do not have the opportunity to retake them to improve your score. That "low, but passing" score will follow you on all your applications. While this is a red flag, most EM residency leadership will still interview individuals with a below-average USMLE score. However, a failure on your USMLE/COMLEX will make matching in EM very difficult, as approximately half of EM residency leadership will not interview you.[2] The most important thing you can do is address your scores in your personal statement. Discuss why you feel you did poorly. More importantly, you need to talk about how this score does not define your clinical skills or desire to work hard. One other thing that may be helpful is taking and passing USMLE/COMLEX Step/Level 3 before your re-application. While this is not mandatory, it is another way to show your dedication and that you are able to pass a standardized test.

2. **Application Strategy**: Perhaps after you and your advisor review your application, you feel this is the most likely cause for your failure to match. Some programs tend to be more competitive than others. Please note that this does not mean that "more competitive" programs are "better" programs. A

combination of things, such as geography, reputation, and program characteristics help determine the competitiveness of a program. You should focus your efforts on programs that are a good match for you. This is where an advisor will be particularly useful, as they may be able to guide you to these types of programs. Additionally, if a program has an area of focus that you have no interest in, applying to that program may not be helpful. For example, if a program has a strong research focus and you have not done any research and have no interest in doing research, an application to that program is not likely to be helpful to you. This is one area where the EMRA Match website may be useful. It gives guidance regarding minimum program requirements, as well as whether programs have specific focus areas. As a re-applicant, even if you applied to an appropriate number of programs initially, you will likely need to apply to more programs the second time around. In the 2018 NRMP program director survey, 24% of program directors indicated they often interview prior graduates; however, 71% responded they seldom do.[3] As a rule, you will need to broaden the area you are looking at. You will likely need to look at programs that were not on your original list.

3. **MSPE (Medical Student Performance Evaluation; Dean's Letter)**: If you had a particular rotation that sabotaged your application, you can try to speak with your Dean's office to see if you can get particularly egregious comments removed. If this is not an option, you must address this in your personal statement, or you will be in the same position you were in with your first application. You need to have a reason and a response that should address what you learned from the experience. If you have multiple rotations with similar comments, you absolutely must address this, and some of your explanation should include how you function better in the ED setting. You should explain mitigating circumstances, but be careful not to just make excuses. In other words, take responsibility for what happened. Describe the steps you have taken to remedy the issue and how you emerged from these challenges better prepared for a career in EM.

4. **Professionalism Issues**: These are tough issues to deal with and are most likely evident in your MSPE. You must address these head-on in the personal statement with a focus on what you learned and how you have changed. Having a misdemeanor or felony history must also be reported in ResidencyCAS and must be explained in your application; ResidencyCAS has a text box where applicants can include narrative comments regarding a misdemeanor or felony. For professionalism issues, you must accept responsibility, take ownership of

your mistakes, and demonstrate making conscious changes for the better. Take some time to truly reflect on your experience, identify how you could have handled the situation in a different way, and be able to articulate what you learned from the past; the personal statement is a great place for addressing these issues.

5. **Letters of Recommendation/SLOEs**: This is a hard category to address if the concern is that you had an unfavorable letter. If you were able to obtain multiple SLOEs, it is possible that one (or more) of the letters was unfavorable. If there was one letter writer and/or rotation that you were unsure about, that is possibly the letter that caused you a problem. You should consider replacing that letter with a new one. If you are in a training position, ask if you can rotate through the ED to obtain a new letter of recommendation.

   Perhaps you were only able to obtain one SLOE. Although it is possible to match with only one SLOE from an EM training program, one must have a very strong application. If you were only able to obtain one SLOE and are currently a resident within a non-EM program, consider talking to your program director to arrange an EM rotation as an elective where you can secure an EM letter. Alternatively, you might be able to see if the department will let you do longitudinal shifts (shifts on your time off that are not part of your residency curriculum/assignments). Assuming you are a resident in a training program, a letter from your current program director detailing your strengths would also be ideal.

6. **Interview Issues**: If you and/or your advisor are concerned that you did not interview well, consider taking an interview course where they videotape you, give you feedback, and make recommendations. Most are set up for business applicants, but the basic principles cross over.

Key Points

1. Make sure to perform an honest review and assessment of your application with a trusted advisor.
2. Address red flags in your application/personal statement.
3. Whenever possible, strongly consider an EM rotation in the summer or early fall so you can have an updated SLOE or letter of recommendation, replacing any you were unsure about from your initial application.

4. If you did a preliminary or categorical year, have your current program director write you a letter of recommendation.

Final Thoughts

If you have “red flags” on your application, re-applying and matching into an EM residency will be harder for you. Each year, applicants with no “red flags” still do not match into EM, so someone with one or multiple “red flags” has an uphill climb. The important thing is to maximize the time between not matching and reapplying – doing everything you can to mitigate any issues and strengthen your application. Take time to reflect on your career goals, and before reflexively re-affirming your commitment to EM, also consider alternative specialties and career pathways. While we are not advising anyone not to reapply to EM, it is a time to be realistic, and having a plan you feel confident in will be the first step.

References

1. National Resident Matching Program, Results and Data: 2019 Main Residency Match. National Resident Matching Program. Washington, DC. 2019. (Accessed July 26, 2018 at http://www.nrmp.org/main-residency-match-data/)
2. Council of Emergency Medicine Residency Directors Advising Students Committee in Emergency Medicine. (2018). [CORD ASC-EM Advising Addenda Study]. Unpublished raw data.
3. National Resident Matching Program, Data Release and Research Committee: Results of the 2018 NRMP Program Director Survey. National Resident Matching Program, Washington, DC, June 2018. (Accessed October 1st, 2018 at https://www.nrmp.org/wp-content/uploads/2018/07/NRMP-2018-Program-Director-Survey-for-WWW.pdf)

Cover photo: https://www.pexels.com