Record-breaking Match sees higher percentage of unmatched seniors

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Note: An earlier version of this story incorrectly stated that 75 percent of DO students were placed in the American Osteopathic Association’s (AOA) Intern/Resident Registration Program. The below story makes it clear that 75 percent of DO students who participated in the AOA match were placed.

At the conclusion of the largest Main Residency Match in the history of the National Resident Matching Program (NRMP) last week, about 6.1 percent of U.S. allopathic medical school seniors active in the Match were not placed into first-year residency positions. While the number of matched seniors is the largest ever, the percentage of unmatched seniors is higher this year than in 2014.

2015 Match by the numbers

The 2015 Match included 41,334 total registrants, the largest number on record according to the NRMP. Of this number, 34,905 were active applicants. A total of 30,212 positions—including first-year, second-year and physician positions—were offered this year, another all-time high.

Overall, 75.2 percent of applicants were matched into first-year positions. Of the 18,025 active U.S. allopathic medical school seniors, 16,932 matched into first-year programs, about 93.9 percent. Nearly 3,000 osteopathic medical school students and graduates participated in the Match as well, achieving a Match rate of about 79.3 percent. Last month’s osteopathic match placed 75 percent of participating DO students.

More than half of the 600-plus new first-year positions were in primary care specialties, such as family medicine, internal medicine and pediatrics, according to the NRMP. Internal medicine programs offered 6,770 positions, 246 more than last year, with 98.9 percent of positions filled, nearly half of which were filled with U.S. seniors.

An all-time high of 1,035 couples participated in the Match, 110 more than last year, with a 94.8 percent match rate. Read about the experience of going through the Match as a couple at AMA Wire
Applicants who did not match to a residency program participated in the NRMP Match Week Supplemental Offer and Acceptance Program (SOAP). During this process, the NRMP makes available the locations of unfilled positions so that unmatched applicants can apply for them. This year, 1,193 of the 1,306 unfilled positions were offered during SOAP.

Residency bottleneck still exists

The growth in the number of U.S. senior registrants is “due to rising medical school enrollments and the many new schools being established,” the NRMP said in a press release. Medical schools are increasing enrollment in anticipation of a shortage of an estimated 46,000 and 90,000 physicians by 2025, according to the Association of American Medical Colleges.

That breaks down to a shortfall between 12,000 and 31,000 primary care physicians and 28,000 to 63,000 non-primary care physicians. The study is the first comprehensive national analysis that takes both demographics and recent changes to care delivery and payment methods into account.

Medical education experts are concerned that the number of residency positions isn’t keeping pace with growing medical school enrollment, prompting groups to release their ideas for how to strengthen the country’s graduate medical education (GME) system. Last year’s long-awaited report from the Institute of Medicine (IOM) called for transitioning the current system to a transparent, performance-based system. While the AMA agreed with many of the report’s provisions, the IOM didn’t recommend adding funds to increase residency positions, which would protect against looming physician shortages—a fact that concerned the AMA.

Advocating for new solutions

Physicians at the 2014 AMA Annual Meeting voted to investigate new solutions for workforce expansion, again calling for innovative ideas based on a report from the AMA Council on Medical Education. More recently, in a letter to the House of Representatives Committee on Energy and Commerce, the AMA outlined key reforms for an improved and expanded GME system.

The AMA is addressing this issue by continuing its advocacy for additional GME funding and for programs in rural and underserved locations. In addition, the AMA is working with stakeholder groups to reduce restrictions to rural and other underserved community experiences for GME programs and encouraging innovative ways to train physicians, with emphasis on physician-led, team-based care.

Students and residents also are advocating for expanded GME programs, using social media and other tools to call on Congress to SaveGME, including a weeklong grassroots campaign.