HOD ACTION: Council on Medical Education Report 3 adopted as amended and the remainder of the report filed.

REPORT 3 OF THE COUNCIL ON MEDICAL EDUCATION (A-18)
Expanding UME Without Concurrent GME Expansion
(Reference Committee C)

EXECUTIVE SUMMARY

Over the past ten years the establishment of new medical schools and the expansion in class size of existing medical schools has helped create a growing physician workforce, which is considered essential to providing health care to a growing and aging patient population. This expansion, however, has also created a perceived “bottleneck” in the transition from medical school to residency training, as the growth of entry-level residency training positions has not been commensurate with the increase in the number of graduates. American Medical Association (AMA) Policy D-305.967 (31), “The Preservation, Stability and Expansion of Full Funding for Graduate Medical Education,” directs our AMA to “study the effect of medical school expansion that occurs without corresponding graduate medical education expansion.” This report is in response to that directive.

Analysis of existing graduate medical education (GME) data and projections suggests that, while there will be continued growth of United States medical school graduates (USMGs), there is still substantial room for placement of USMGs into GME, with an excess of 4,500 positions relative to graduates for the next several years. Although there are more entry-level GME positions than USMGs, there are other physicians vying for these same training opportunities. Approximately half of international medical school graduates (IMGs), either U.S. citizens (US IMGs) or foreign nationals (non-US IMGs) participating in the National Resident Matching Program, successfully match into positions. As competition for the pool of positions grows, applicant behavior causes stress for both applicants and the programs to which they apply. Applicants apply to more programs, and program directors must vet an ever-increasing number of applicants.

This report:
• Provides an update on recent numbers of medical students, graduates, and residency positions
• Summarizes recent residency applicant behavior and results in terms of matching into residency programs
• Describes recent state and medical school efforts to expand GME positions
• Describes the AMA’s national SaveGME campaign

The report concludes with a discussion regarding a changing GME environment, suggestions to help allay the concerns of students about matching, and potential policy changes for medical schools to consider.
HOD ACTION: Council on Medical Education Report 3 adopted as amended and the remainder of the report filed.

REPORT OF THE COUNCIL ON MEDICAL EDUCATION

CME Report 3-A-18

Subject: Expanding UME Without Concurrent GME Expansion

Presented by: Lynne Kirk, MD, Chair

Referred to: Reference Committee C (Sherri S. Baker, MD, Chair)

INTRODUCTION

American Medical Association (AMA) Policy D-305.967 (31), “The Preservation, Stability and Expansion of Full Funding for Graduate Medical Education,” directs our AMA to “study the effect of medical school expansion that occurs without corresponding graduate medical education expansion.” This report is in response to this directive.

This portion of the policy was appended through Resolution 320-A-16, “Expanding GME Concurrently with UME,” which was introduced by the Resident and Fellow Section at the 2016 Annual Meeting of the AMA House of Delegates (HOD). Testimony before Reference Committee C during the HOD meeting was overwhelmingly in favor of Resolution 320-A-16. Multiple individuals noted that the number of new medical schools and enrollment in existing institutions have expanded substantially of late, without a corresponding increase in the number of entry-level graduate medical education (GME) positions. Concern was voiced that the number of U.S. seniors successfully completing their undergraduate medical education (UME) at either allopathic or osteopathic medical schools likely will approach or surpass the total number of available U.S. GME positions within the next one to two decades. It was further acknowledged that the Accreditation Council for Graduate Medical Education (ACGME) is examining this important issue, with discussions that consider mitigating barriers to establishing training programs in specialties and locations that are underserved. Some testimony requested the addition of a second resolve to ask the AMA to advocate for expansion in resident and fellowship positions in proportion to expansions in medical school student populations and the health needs of the populace. Other testimony proposed limiting the number of U.S. medical school graduates (USMGs) per year. Additional discussion referenced the need for a national workforce plan that appropriately addresses specialty and geographic shortages. Testimony in opposition to the addition of the proposed second resolve focused on concerns that advocating for U.S. medical schools to limit class sizes could be construed as restraint of trade. Both the Liaison Committee on Medical Education (LCME) and the Commission on Osteopathic College Accreditation (COCA) have the authority to set standards for schools, but they must approve any school that meets those standards; they cannot arbitrarily prohibit the establishment of new schools. While medical schools may have a moral obligation to consider the issue of the narrowing gap between the number of USMGs and the number of residency positions, it is not a legal obligation.

This report: 1) provides an update on recent numbers of medical students, graduates, and residency positions; 2) summarizes recent residency applicant behavior and results in terms of matching into residency programs; 3) describes recent state and medical school efforts to expand GME positions; 4) describes the AMA’s national SaveGME campaign; and 5) concludes with a discussion
concerning a changing GME environment, recommendations to help allay student concern about matching, and potential policy changes for medical schools to consider.

BACKGROUND

Concerns regarding the number of GME positions available to medical school graduates, known as post-graduate year 1 (PGY1) positions, have been increasing over the past several years.

In 2006, the Association of American Medical Colleges (AAMC) issued a call for expanding the number of medical school graduates, due to data suggesting an imminent physician shortage. The AAMC recommended a 30 percent increase (over 2002–2003 levels) in first-year medical school enrollment in LCME-accredited schools by the 2015–2016 academic year. Using the baseline of the 2002–2003 first-year enrollment (16,488 students), a 30 percent increase corresponds to an increase of 4,946 students. The AAMC forecast in 2017 that the 30 percent goal would be attained by 2017-2018 and exceeded in future years. Osteopathic medical schools, which are accredited by COCA, also have grown in number and in the number of enrollees and graduates.

The rate of growth in the number of USMGs currently is greater than the rate of growth in PGY1 positions. Analysis of existing data and projections suggests there is still substantial room for placement of USMGs into GME, with an excess of 4,500 positions relative to graduates, as shown in the Figure at the end of this report.

One analysis found that 99% of U.S. MD graduates ultimately do find careers in medicine. The percent of U.S. MDs matching into PGY1 positions through the National Resident Matching Program (NRMP) has been consistently at 94% since at least 2008; only 500 to 600 U.S. MD graduates do not find a position through the NRMP’s Supplemental Offer and Acceptance Program (SOAP), which assists in placing unmatched applicants into unfilled positions. Other, infrequent opportunities exist post-SOAP for students to find positions in unfilled programs. Nonetheless, medical students continue to experience anxiety over the possibility of graduating from medical school without a training position, a necessary requirement for a clinical career in medicine.

Although there are more PGY1 positions than USMGs, it is important to consider that other physicians also are vying for these training opportunities. Approximately half of international medical school graduates (IMGs), either U.S. citizens (US IMGs) or foreign nationals (non-US IMGs) participating in the NRMP, successfully match. A much smaller proportion find positions through SOAP.

There are a number of reasons why USMGs do not match into PGY1 positions; the Council on Medical Education has written several recent reports on this topic (CME 3-A-16, “Addressing the Increasing Number of Unmatched Medical Students,” and CME 5-A-17, “Options for Unmatched Medical Students”). One contributing factor is that not all positions are equally desirable to every applicant because of specialty and practice location preferences. For example, an average overall growth rate of two percent does not necessarily mean that there are enough positions in dermatology for all the applicants who wish to train in dermatology or wish to train in dermatology in the state of Georgia. The apprehension born of the perception of fewer available positions, often misreported in the popular press, is coupled with a sense of increasing competitiveness, which may be caused in part by the increase in the number of DOs participating in the NRMP (in the 2013 Match, DOs made up 7.9 percent of matched applicants, versus 10.6 percent in 2017). The number
of osteopathic students choosing to match into allopathic programs via the NRMP was increasing even before the transition to the Single Accreditation System, through which the ACGME will accredit both allopathic and osteopathic programs. This increase will continue during the transition of osteopathic program positions into the NRMP, which will be completed in July 2020.

One of the unintended consequences of this perceived bottleneck is that residency applicants have increased their number of program applications in an attempt to improve the likelihood of receiving an invitation to interview and eventually secure a residency. Table 2, at the end of this report, provides the average number of program applications per applicant through the Electronic Residency Application Service (ERAS) and the average number of applications received by programs. An NRMP analysis of U.S. MD seniors participating in the 2017 Match in the 20 largest specialties found that MD seniors who ultimately successfully matched applied to a median number of 35 programs, resulting in a median number of 16 offered interviews. MD seniors who ultimately did not match applied to a median number of 54 programs, resulting in a median number of six offered interviews. Data from the 2013 Match shows comparable numbers: successfully matched MD seniors applied to a median number of 29 programs, yielding 15 interview offers. Unmatched MD seniors applied to a median number of 50 programs, yielding seven interview offers. These data suggest that simply applying to more programs does not necessarily result in more interview opportunities. In addition, analyses by the AAMC provide information on the point of diminishing returns in the number of applications sent by U.S. MD applicants, by USMLE Step 1 score and specialty.

STATE AND MEDICAL SCHOOL EFFORTS

Recently, some individual schools, medical systems, and states have begun to address the discrepancy between rapidly expanding UME enrollment and GME expansion, often in tandem with efforts to meet the health care needs of local populations.

Texas

In 2017, the Texas state legislature passed Bill 1066, “Requirement to Plan GME Needs in Conjunction with Medical School Planning,” which requires that all new public allopathic and osteopathic medical schools in the state provide to the Texas Higher Education Coordinating Board an assessment of the adequacy of the projected number of first-year residency positions that may be available for graduates of the new medical school. If a shortage is projected, the medical school will be required to submit a plan to increase the number of PGY1 positions in the state to reasonably accommodate the number of graduates from all MD and DO medical school programs in Texas and “provide adequate opportunity for those graduates to remain in the state for the clinical portion of their education.” Submission of the assessment, and, if necessary, the plan to increase PGY1 positions, is a prerequisite for the board’s approval of the medical school.

Not only does this bill serve Texas’s needs by ensuring UME expansion within the state is coupled with GME expansion, allowing newly graduated physicians the opportunity to remain in Texas for their training, but it also establishes a legislative strategy to assure UME expansion is coupled with corresponding GME expansion so that the newly admitted medical students have the theoretical opportunity to complete GME training in the state. It does not, however, address the expansion of already existing medical schools. The law also does not affect future planned private medical schools. In addition, although the plan must specify that there will be adequate PGY1 positions in the state, the proposed medical school itself is not required to sponsor the GME programs. The plan regards total state numbers, not type of program or location, and is not specific to an institution. If
the state’s total number of existing residency positions is expected to meet the needs of the total number of medical school graduates, the medical school does not have to submit a plan for developing additional GME positions.

The Texas Medical Association (TMA) is working to address a loophole in the current law. New medical schools are required to submit a GME plan to demonstrate the projected availability of training positions for the total number of students in the inaugural class. Most schools, however, start with a relatively small number in the inaugural class, with plans to expand the class size after achieving full accreditation status. The result is that the full GME needs of their students are neither identified nor planned for from the beginning. The TMA will likely consider a proposed amendment that would stipulate that medical schools must submit a plan to meet the GME needs for the school’s planned target class-size.

Kaiser Permanente

Kaiser Permanente, a large, integrated, population-based health care delivery system in the Western U.S., has been one of the largest private contributors to GME funding through its integrated residency programs. Kaiser currently hosts residency positions in five regions (Northern and Southern California, the Pacific Northwest, Colorado, and Hawaii). These collective programs support 900 full-time equivalents of residents in over 30 specialties. Residents in the Kaiser Permanente system are hosted primarily through Kaiser itself (600 residents), but affiliate programs also send residents to train within the Kaiser system for some duration of time. In total, 3,000 individuals per year rotate through the Kaiser system for training. Kaiser has been very successful in retaining trainees following completion of residency training, with one-third to one-half of trainees staying and practicing in the Kaiser system. Savings on physician recruitment are then used to support Kaiser’s resident complement.13

Following its success in establishing diverse and sustainable residency training positions, Kaiser is building a medical school in Southern California. The inaugural class of 2019 is expected to have 48 students, with a full complement of 192 enrolled by 2022. Initial plans for student education include early exposure to patients and integration into the robust network of clinical opportunities available within the Kaiser system.14

Local assistance

Creating a new GME program from scratch is a daunting process, but more information has become available about the process. Consultants with GME experience are available to assist. One institution recently published a plan for starting a new residency program, with step-by-step guidelines.15 The state of Indiana has worked with at least two consultant groups to develop its plan to expand GME.16

SAVEGME CAMPAIGN

The AMA has long advocated for both the preservation of GME funding and additional monies to support future physician workforce needs, as noted in, for example, Council on Medical Education Report 5-A-16, “Accountability and Transparency in Graduate Medical Education Funding.” The SaveGME website (savegme.org), originally oriented toward medical students and physicians, was revamped with a public-facing aspect in 2017. The revitalized website was then shared across social media platforms and various advocacy groups including the Patients Action Network and the Physicians Grassroots Network. This campaign emphasized the value of residents to patient care,
including the provision of 40 percent of charity care nationwide as well as the importance of residency programs to innovations in health care delivery and patient safety initiatives. The new website includes videos, statistics, demographics, and other material to support the SaveGME campaign. From March through October 2017, there were 78,827 visits to the SaveGME.org website and 1,816,821 video views. Social medial platforms proved useful in spreading the message, with over 12.5 million impressions on Facebook and Twitter. Over 2,300 letters were sent via the site to legislators by 720 individuals, representing a 16-fold increase compared to the year prior in communication to legislators. 

CURRENT AMA POLICY

Currently, the AMA has several policies or directives that concern the lack of appropriate growth in GME positions; these are listed in the Appendix.

SUMMARY

Without expansion in the number of PGY1 positions available to recently minted medical school graduates, eventually the number of USMGs seeking positions will exceed what is available. Lacking this expansion, some potential applicants likely will seek training elsewhere. Non-US IMGs, a group that long has trained in the U.S. and greatly added to the U.S. physician workforce in numbers and diversity, as well as specialty and geographic focus, may choose to train in other countries where there are more opportunities and fewer immigration barriers (CME Report 3-I-17, “Impact of Immigration Barriers on the Nation's Health”). The reduction in the size of one applicant pool likely will prolong the period during which there is increasing competition for positions, but still more available positions than USMGs. Despite this temporary reprieve, medical students perceive increasing competition and suffer anxiety engendered by the risk of graduating with substantial educational debt but without a residency position. Medical schools should increase their efforts to guide students concerning educational debt, specialty choice, and potential career paths, in order to better prepare students entering a physician workforce that may have constraints in its capacity to grow. In this context, and in anticipation of this country’s future health care needs, efforts to expand UME without thoughtful provision of GME opportunities is careless at best and negligent at worst.

RECOMMENDATIONS

The Council on Medical Education therefore recommends that the following recommendations be adopted and the remainder of this report be filed.

1. That Policy D-305.967 (31), “The Preservation, Stability and Expansion of Full Funding for Graduate Medical Education,” be rescinded, as having been fulfilled by this report. (Rescind HOD Policy)

2. That our American Medical Association (AMA) encourage all existing and planned allopathic and osteopathic medical schools to thoroughly research match statistics and other career placement metrics when developing career guidance plans. (Directive to Take Action)
3. That our AMA strongly advocate for and work with legislators, private sector partnerships, 
and existing and planned osteopathic and allopathic medical schools to create and fund 
graduate medical education (GME) programs that can accommodate the equivalent number 
of additional medical school graduates consistent with the workforce needs of our nation. 
(Directive to Take Action)

4. That our AMA encourage the Liaison Committee on Medical Education (LCME), the 
Commission on Osteopathic College Accreditation (COCA), and other accrediting bodies, 
as part of accreditation of allopathic and osteopathic medical schools, to prospectively and 
retrospectively monitor medical school graduates’ rates of placement into GME as well as 
GME completion. (Directive to Take Action)

Fiscal note: $1,000.
### TABLE 1. MEDICAL SCHOOLS, FIRST YEAR ENROLLMENT, GRADUATES, AND TRAINEES IN FIRST YEAR POSITIONS FOR ACADEMIC YEARS 2012-2013 THROUGH 2017-2018

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<td>Number of allopathic medical schools†</td>
<td>136</td>
<td>140</td>
<td>141</td>
<td>142</td>
<td>145</td>
<td>147</td>
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<tr>
<td>Number of colleges of osteopathic medicine‡</td>
<td>26</td>
<td>29</td>
<td>29</td>
<td>30</td>
<td>36</td>
<td>48</td>
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<tr>
<td><strong>MD 1st-Year Enrollment†</strong></td>
<td>20048</td>
<td>20583</td>
<td>20608</td>
<td>21128</td>
<td>21396</td>
<td>21338*</td>
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<tr>
<td><strong>DO 1st-Year Enrollment‡</strong></td>
<td>5986</td>
<td>6636</td>
<td>7012</td>
<td>7219</td>
<td>7575</td>
<td>8113</td>
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<tr>
<td><strong>MD Graduates†</strong></td>
<td>18147</td>
<td>18057</td>
<td>18668</td>
<td>18820</td>
<td>19402</td>
<td>19402¥</td>
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<tr>
<td><strong>DO Graduates‡</strong></td>
<td>4806</td>
<td>4997</td>
<td>5323</td>
<td>5472</td>
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<td><strong>Total U.S. Graduates</strong></td>
<td>22953</td>
<td>23054</td>
<td>23991</td>
<td>24292</td>
<td>25440</td>
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<tr>
<td><strong>Annual Graduate Growth Rate (%)</strong></td>
<td>.44</td>
<td>4.06</td>
<td>1.25</td>
<td>4.72</td>
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<tr>
<td><strong>PGY1 Applicants Matched in NRMP∞</strong></td>
<td>25246</td>
<td>25687</td>
<td>26252</td>
<td>26836</td>
<td>27688</td>
<td>29040</td>
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<tr>
<td><strong>Residents in ACGME PGY1 Positions₤</strong></td>
<td>26018</td>
<td>26649</td>
<td>27122</td>
<td>27949</td>
<td>28658</td>
<td></td>
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<tr>
<td><strong>Annual ACGME PGY1 Growth Rate (%)</strong></td>
<td>2.42</td>
<td>1.77</td>
<td>3.05</td>
<td>2.54</td>
<td></td>
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<tr>
<td><strong>Applicants Matched in NMS (Osteopathic Match)§</strong></td>
<td>1891</td>
<td>2022</td>
<td>2135</td>
<td>2206</td>
<td>2162</td>
<td>1640</td>
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<tr>
<td><strong>Annual Osteopathic Match Growth Rate (%)</strong></td>
<td>6.93</td>
<td>5.59</td>
<td>3.32</td>
<td>-1.99</td>
<td>-24.14</td>
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</table>

† LCME database, includes schools with first year enrollment.


¥ LCME database; schools estimated the number of graduates in February 2017.

∞ National Resident Matching Program, Results and Data: 2017 Main Residency Match®. National Resident Matching Program, Washington, DC. 2017, and Advance Data Tables: 2018 Main Residency Match [http://www.nrmp.org/main-residency-match-data/Applicants match during the current academic year to become first year residents in the following academic year.](http://www.nrmp.org/main-residency-match-data/Applicants match during the current academic year to become first year residents in the following academic year.)


TABLE 2. AVERAGE NUMBER OF APPLICATIONS THROUGH ERAS FOR ACADEMIC YEARS 2013-2014 THROUGH 2017-2018

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<tr>
<td>Average number of applications sent by applicant*</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>USMG</td>
<td>43.8</td>
<td>47.2</td>
<td>49.3</td>
<td>55.0</td>
<td>58.0</td>
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<tr>
<td>IMG</td>
<td>113.4</td>
<td>119.1</td>
<td>123.1</td>
<td>131.5</td>
<td>135.5</td>
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<tr>
<td>All applicants</td>
<td>74.3</td>
<td>78.6</td>
<td>80.7</td>
<td>87.7</td>
<td>90.1</td>
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<tr>
<td>Average number of applications received by program**</td>
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<td></td>
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<td></td>
</tr>
<tr>
<td>USMG</td>
<td>285.9</td>
<td>306.6</td>
<td>327.9</td>
<td>367.2</td>
<td>386.8</td>
</tr>
<tr>
<td>IMG</td>
<td>576.6</td>
<td>601.5</td>
<td>606.3</td>
<td>654.3</td>
<td>639.5</td>
</tr>
<tr>
<td>All applicants</td>
<td>862.2</td>
<td>907.8</td>
<td>933.9</td>
<td>1021.1</td>
<td>1025.7</td>
</tr>
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</table>

*https://www.aamc.org/download/359232/data/all.pdf Accessed August 15, 2017. USMG includes U.S. MDs and DOs, of any graduating class.

**https://www.aamc.org/download/359236/data/all.pdf Accessed October 13, 2017. USMG includes U.S. MDs and DOs, of any graduating class.
FIGURE

Actual and Projected Growth in Numbers of U.S. Medical School Graduates and Graduate Medical Education (GME) Entrants, Based on 1.66% Annual Growth in GME Positions.


APPENDIX: RELEVANT AMA POLICY

D-305.967, “The Preservation, Stability and Expansion of Full Funding for Graduate Medical Education”
Our AMA will: (3) Actively seek congressional action to remove the caps on Medicare funding of GME positions for resident physicians that were imposed by the Balanced Budget Amendment of 1997 (BBA-1997); (4) Strenuously advocate for increasing the number of GME positions to address the future physician workforce needs of the nation; (8) Vigorously advocate for the continued and expanded contribution by all payers for health care (including the federal government, the states, and local and private sources) to fund both the direct and indirect costs of GME; (15) Encourages the ACGME to reduce barriers to rural and other underserved community experiences for graduate medical education programs that choose to provide such training, by adjusting as needed its program requirements, such as continuity requirements or limitations on time spent away from the primary residency site; (17) Work with interested state and national medical specialty societies and other appropriate stakeholders to share and support legislation to increase GME funding, enabling a state to accomplish one or more of the following: (a) train more physicians to meet state and regional workforce needs; (b) train physicians who will practice in physician shortage/underserved areas; or (c) train physicians in undersupplied specialties and subspecialties in the state/region; (18) Supports the ongoing efforts by states to identify and address changing physician workforce needs within the GME landscape and continue to broadly advocate for innovative pilot programs that will increase the number of positions and create enhanced accountability of GME programs for quality outcomes; (26) Encourages insurance payers and foundations to enter into partnerships with state and local agencies as well as academic medical centers and community hospitals seeking to expand GME.

D-305.958, “Increasing Graduate Medical Education Positions as a Component to any Federal Health Care Reform Policy”
Our AMA will: (2) Work with the Centers for Medicare and Medicaid Services to explore ways to increase graduate medical education slots to accommodate the need for more physicians in the US; (3) Work actively and in collaboration with the Association of American Medical Colleges and other interested stakeholders to rescind funding caps for GME imposed by the Balanced Budget Act of 1997; (4) Actively advocate for expanded funding for entry and continued training positions in specialties and geographic regions with documented medical workforce shortages; (5) Lobby Congress to find ways to increase graduate medical education funding to accommodate the projected need for more physicians.

H-310.917, “Securing Funding for Graduate Medical Education”
Our AMA: (4) Encourages entities planning to expand or start GME programs to develop a clear statement of the benefits of their GME activities to facilitate potential funding from appropriate sources given the goals of their programs.

H-305.988, “Cost and Financing of Medical Education and Availability of First-Year Residency Positions”
Our AMA: (2) In studying the financing of medical schools, supports identification of those elements that have implications for the supply of physicians in the future.

H-465.988, “Educational Strategies for Meeting Rural Health Physician Shortage”
Our AMA: (2) Encourage medical schools to develop educationally sound primary care residencies in smaller communities with the goal of educating and recruiting more rural physicians.
H-200.954, “US Physician Shortage”
Our AMA will: (8) Continue to advocate for funding from all payers (public and private sector) to increase the number of graduate medical education positions in specialties leading to first certification; (9) Work with other groups to explore additional innovative strategies for funding graduate medical education positions, including positions tied to geographic or specialty need.

D-310.977, “National Resident Matching Program Reform”
Our AMA: (11) Will work with the Association of American Medical Colleges (AAMC), American Osteopathic Association (AOA), American Association of Colleges of Osteopathic Medicine (AACOM), and National Resident Matching Program (NRMP) to evaluate the current available data or propose new studies that would help us learn how many students graduating from US medical schools each year do not enter into a US residency program; how many never enter into a US residency program; whether there is disproportionate impact on individuals of minority racial and ethnic groups; and what careers are pursued by those with an MD or DO degree who do not enter residency programs; (15) Encourages the Association of American Medical Colleges to work with U.S. medical schools to identify best practices, including career counseling, used by medical schools to facilitate successful matches for medical school seniors, and reduce the number who do not match.
REFERENCES

1 Association of American Medical Colleges. 2017. Results of the 2016 Medical School Enrollment Survey. Washington, DC.


6 NRMP Update. Group on Student Affairs, April 2017.


8 NRMP, Data Release and Research Committee: Results of the 2017 NRMP Applicant Survey by Preferred Specialty and Applicant Type. National Resident Matching Program, Washington, DC. 2017

9 NRMP, Data Release and Research Committee: Results of the 2013 NRMP Applicant Survey by Preferred Specialty and Applicant Type. National Resident Matching Program, Washington, DC. 2013.


