

AMERICAN MEDICAL ASSOCIATION RESIDENT AND FELLOW SECTION

Resolution: 4
(I-26)

Introduced by: Meghana Pagadala, MD, PhD, Kylee Borger, MD, MPH, Laila Koduri, MD, MPH, Scott Landman DO, MS

Subject: Amendment to Policy D-310.977, "National Resident Matching Program Reform" — Applicant Fee Assistance and Match Fairness

Referred to: Reference Committee

Whereas, Policy D-310.977, "National Resident Matching Program Reform," already directs our AMA to work with the National Resident Matching Program (NRMP) on transparency of Match agreement conditions, applicant education, and a no-fee applicant clearinghouse, but does not address the specific fees applicants pay to participate or NRMP's own transparency around how those fees are used; and

Whereas, the current residency application and Match ecosystem relies entirely on applicant-funded fees, and mounting evidence indicates these cumulative costs disproportionately burden lower-income, osteopathic, and international medical graduate applicants, who report applying to more programs than their peers to achieve a comparable chance of matching^{1, 2, 3, 4, 5}; and

Whereas, applicant fees for NRMP registration and ranking have increased, including a scheduled increase in the standard Fellowship Match registration fee from \$70 to \$85 for match cycles opening after January 1, 2027⁵, even as applicants have little visibility into how NRMP uses the revenue these fees generate⁶; and

Whereas, NRMP leadership has expressed openness to evidence-based investigation of the fairness and efficiency of residency matching methods⁹, and our AMA is well positioned to invite and help lead that discussion in collaboration with NRMP, DO- and IMG-serving organizations, and other interested stakeholders; therefore be it

RESOLVED, that our American Medical Association (AMA) amend Policy D-310.977, "National Resident Matching Program Reform," by addition and deletion to read as follows:

Our AMA will work with the National Resident Matching Program (NRMP) to develop and distribute educational programs to better inform applicants about the NRMP matching process, including the existing NRMP waiver and violations review policies.

Our AMA will actively participate in the evaluation of, and provide timely comments about, all proposals to modify the NRMP Match.

~~Our AMA will request that the NRMP explore the possibility of including the Osteopathic Match in the NRMP Match.~~

Our AMA will continue to review the NRMP's policies and procedures and make recommendations for improvements as the need arises, to include making the conditions of the Match agreement more transparent while assuring the confidentiality of the match.

Our AMA will work with the Accreditation Council for Graduate Medical Education (ACGME) and other appropriate agencies to assure that the terms of employment for resident physicians are

1 fair and equitable and reflect the unique and extensive amount of education and experience
2 acquired by physicians.
3

4 Our AMA does not support the current "All-In" policy for the Main Residency Match to the extent
5 that it eliminates flexibility within the match process.
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7 Our AMA will work with the NRMP, and other residency match programs, in revising Match policy,
8 including the ~~secondary match or scramble process~~ Supplemental Offer and Acceptance Program
9 (SOAP) to create more standardized rules for all candidates including application timelines and
10 requirements.
11

12 Our AMA will work with the NRMP and other external bodies to develop mechanisms that limit
13 disparities within the residency application process and allow both flexibility and standard rules
14 for applicants.
15

16 Our AMA encourages the National Resident Matching Program to study and publish the effects
17 of implementation of the Supplemental Offer and Acceptance Program on the number of
18 residency spots not filled through the Main Residency Match and include stratified analysis by
19 specialty and other relevant areas.
20

21 Our AMA will work with the NRMP and ACGME to evaluate the challenges in moving from a time-
22 based education framework toward a competency-based system, including analysis of time-
23 based implications of the ACGME milestones for residency programs; the impact on the NRMP
24 and entry into residency programs if medical education programs offer variable time lengths
25 based on acquisition of competencies; the impact on financial aid for medical students with
26 variable time lengths of medical education programs; the implications for interprofessional
27 education and rewarding teamwork; and the implications for residents and students who achieve
28 milestones earlier or later than their peers.
29

30 Our AMA will work with the Association of American Medical Colleges (AAMC), American
31 Osteopathic Association (AOA), American Association of Colleges of Osteopathic Medicine
32 (AACOM), and National Resident Matching Program (NRMP) to evaluate the current available
33 data or propose new studies that would help us learn how many students graduating from US
34 medical schools each year do not enter into a US residency program; how many never enter into
35 a US residency program; whether there is disproportionate impact on individuals of minority racial
36 and ethnic groups; and what careers are pursued by those with an MD or DO degree who do not
37 enter residency programs.
38

39 Our AMA will work with the AAMC, AOA, AACOM and appropriate licensing boards to study
40 whether US medical school graduates and international medical graduates who do not enter
41 residency programs may be able to serve unmet national health care needs.
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43 Our AMA will work with the AAMC, AOA, AACOM and the NRMP to evaluate the feasibility of a
44 national tracking system for US medical students who do not initially match into a categorical
45 residency program.
46

47 Our AMA will discuss with the National Resident Matching Program, Association of American
48 Medical Colleges, American Osteopathic Association, Liaison Committee on Medical Education,
49 Accreditation Council for Graduate Medical Education, and other interested bodies potential
50 pathways for reengagement in medicine following an unsuccessful match and report back on the
51 results of those discussions.
52

53 Our AMA encourages the Association of American Medical Colleges to work with U.S. medical
54 schools to identify best practices, including career counseling, used by medical schools to

1 facilitate successful matches for medical school seniors, and reduce the number who do not
2 match.

3
4 Our AMA supports the movement toward a unified and standardized residency application and
5 match system for all non-military residencies.

6
7 Our AMA encourages the Educational Commission for Foreign Medical Graduates (ECFMG) and
8 other interested stakeholders to study the personal and financial consequences of ECFMG-
9 certified U.S. IMGs who do not match in the National Resident Matching Program and are
10 therefore unable to get a residency or practice medicine.

11
12 Our AMA encourages the AAMC, AACOM, NRMP, and other key stakeholders to jointly create a
13 no-fee, easily accessible clearinghouse of reliable and valid advice and tools for residency
14 program applicants seeking cost-effective methods for applying to and successfully matching into
15 residency.

16
17 Our AMA will work with appropriate stakeholders to study options for improving transparency in
18 the resident application process.

19
20 Our AMA encourages the piloting of innovations to the residency application process with aims to
21 reduce application numbers per applicant, focus applicants on programs with reciprocal interest,
22 and maximize residency placement. With support from the medical education community,
23 successful pilots should be expanded to enhance the standardized process.

24
25 Our AMA will continue to engage the National Resident Matching Program® (NRMP®) and other
26 matching organizations on behalf of residents and medical students to further develop ongoing
27 relationships, improve communications, and seek additional opportunities to collaborate including
28 the submission of suitable nominees for their governing bodies as appropriate.

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30 Our AMA will advocate for reduced applicant-paid National Resident Matching Program
31 registration and ranking fees, and for expanded fee-assistance and fee-waiver programs, for
32 resident and fellow physician applicants.

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34 Our AMA will invite the National Resident Matching Program to engage in ongoing, collaborative
35 discussions on the fairness and efficiency of residency matching methods, including their impact
36 on osteopathic, international medical graduate, and other disproportionately affected applicants.

Fiscal Note: Minimal

REFERENCES

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3. National Board of Osteopathic Medical Examiners. COMLEX-USA Release of Certified Transcripts. <https://www.nbome.org/assessments/comlex-usa/bulletin-of-information/release-of-certified-transcripts/> (accessed 2026).
4. Educational Commission for Foreign Medical Graduates. ERAS: Timeline and Fees. <https://www.ecfm.org/eras/timeline.html> (accessed 2026).
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7. U.S. House Judiciary Committee. New Report Exposes How Medical Residency Hiring Monopoly Harms Patients and Physicians. Interim staff report. <https://judiciary.house.gov/media/press-releases/new-report-exposes-how-medical-residency-hiring-monopoly-harms-patients-and> (March 2026).
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9. Dotson, S. J. & Curtin, L. S. Politicization of graduate medical education: antitrust exemption obscures real workforce issues and solutions. *J. Grad. Med. Educ.* 18, 120–123 (2026). <https://doi.org/10.4300/JGME-D-25-01170.1>
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RELEVANT AMA POLICY**National Resident Matching Program Reform D-310.977**

1. Our AMA will work with the National Resident Matching Program (NRMP) to develop and distribute educational programs to better inform applicants about the NRMP matching process, including the existing NRMP waiver and violations review policies.
2. Our AMA will actively participate in the evaluation of, and provide timely comments about, all proposals to modify the NRMP Match.
3. Our AMA will request that the NRMP explore the possibility of including the Osteopathic Match in the NRMP Match.
4. Our AMA will continue to review the NRMP's policies and procedures and make recommendations for improvements as the need arises, to include making the conditions of the Match agreement more transparent while assuring the confidentiality of the match.
5. Our AMA will work with the Accreditation Council for Graduate Medical Education (ACGME) and other appropriate agencies to assure that the terms of employment for resident physicians are fair and equitable and reflect the unique and extensive amount of education and experience acquired by physicians.
6. Our AMA does not support the current the "All-In" policy for the Main Residency Match to the extent that it eliminates flexibility within the match process.
7. Our AMA will work with the NRMP, and other residency match programs, in revising Match policy, including the secondary match or scramble process to create more standardized rules for all candidates including application timelines and requirements.
8. Our AMA will work with the NRMP and other external bodies to develop mechanisms that limit disparities within the residency application process and allow both flexibility and standard rules for applicants.
9. Our AMA encourages the National Resident Matching Program to study and publish the effects of implementation of the Supplemental Offer and Acceptance Program on the number of residency spots not filled through the Main Residency Match and include stratified analysis by specialty and other relevant areas.
10. Our AMA will work with the NRMP and ACGME to evaluate the challenges in moving from a time-based education framework toward a competency-based system, including:
 - a. Analysis of time-based implications of the ACGME milestones for residency programs.
 - b. The impact on the NRMP and entry into residency programs if medical education programs offer variable time lengths based on acquisition of competencies.
 - c. The impact on financial aid for medical students with variable time lengths of medical education programs.
 - d. The implications for interprofessional education and rewarding teamwork.
 - e. The implications for residents and students who achieve milestones earlier or later than their peers.
11. Our AMA 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.
12. Our AMA will work with the AAMC, AOA, AACOM and appropriate licensing boards to study whether US medical school graduates and international medical graduates who do not enter residency programs may be able to serve unmet national health care needs;
13. Our AMA will work with the AAMC, AOA, AACOM and the NRMP to evaluate the feasibility of a national tracking system for US medical students who do not initially match into a categorical residency program.
14. Our AMA will discuss with the National Resident Matching Program, Association of American Medical Colleges, American Osteopathic Association, Liaison Committee on Medical Education, Accreditation Council for Graduate Medical Education, and other interested bodies potential pathways for reengagement in medicine following an unsuccessful match and report back on the results of those discussions.

15. Our AMA 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.
16. Our AMA supports the movement toward a unified and standardized residency application and match system for all non-military residencies.
17. Our AMA encourages the Educational Commission for Foreign Medical Graduates (ECFMG) and other interested stakeholders to study the personal and financial consequences of ECFMG-certified U.S. IMGs who do not match in the National Resident Matching Program and are therefore unable to get a residency or practice medicine.
18. Our AMA encourages the AAMC, AACOM, NRMP, and other key stakeholders to jointly create a no-fee, easily accessible clearinghouse of reliable and valid advice and tools for residency program applicants seeking cost-effective methods for applying to and successfully matching into residency.
19. Our AMA will work with appropriate stakeholders to study options for improving transparency in the resident application process.
20. Our AMA encourages the piloting of innovations to the residency application process with aims to reduce application numbers per applicant, focus applicants on programs with reciprocal interest, and maximize residency placement. With support from the medical education community, successful pilots should be expanded to enhance the standardized process.
21. Our AMA will continue to engage the National Resident Matching Program® (NRMP®) and other matching organizations on behalf of residents and medical students to further develop ongoing relationships, improve communications, and seek additional opportunities to collaborate including the submission of suitable nominees for their governing bodies as appropriate.