

AAFP Annual Report on the

National Resident Matching Program

Data Source: NRMP

www.aafp.org/match



 **AAFP**

2010

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“Family physicians are committed to continuing, comprehensive, compassionate, and personal care for their patients. They are concerned with the care of people of all ages, and understand that health and disease involve the mind, body, and spirit and depend in part on the context of patients’ lives as members of their family and community.”

–The Future of Family Medicine Report, 2004

The information in this report is based on data from the National Resident Matching Program (NRMP) Advanced Data Tables for 2010. The information provided includes the number of applicants to graduate medical programs for the 2010-11 academic year, specialty choice, and trends in specialty selection. This information will be useful to advocates of family medicine – including family medicine departments and residency programs – as well as legislators who are interested in trends predicting the primary care workforce of the future.

This report is prepared by the American Academy of Family Physicians Division of Medical Education.

2010 MATCH Information Sheet

I. 2010 Family Medicine Match Results and Comparison to Recent Trends (See Table 1)

Preliminary information available from the 2010 National Resident Matching Program (NRMP) indicates that for family medicine residency programs 2,404 positions filled out of 2,630 positions offered (91.4%). This represents an increase in the number of family medicine residency positions offered and filled through the NRMP over 2009. [Included in this category are family medicine-psychiatry, family medicine-emergency medicine, and family medicine-internal medicine programs.] Seventy-five more family medicine positions (2.9%) were offered in 2010 compared with 2009. Seventy-five more positions (3.1%) were filled in 2010 compared with 2009 (2404/91.4% vs. 2,329/91.2%)

One hundred one more U.S. seniors (1,184 vs. 1,083) chose family medicine in 2010 compared with 2009. More U.S. seniors participated in NRMP in 2010 compared with 2009 (16,070 vs. 15,638), with a resulting increase (7.9% vs. 7.4%) in the percentage of U.S. seniors who chose family medicine. This is the second time in over a decade (2010 and 2008) that more U.S. seniors participating and matching through the NRMP matched into family medicine compared with the preceding year, and the number of U.S. seniors matching into family medicine higher than the preceding five years.

II. Comparison with Other Primary Care Specialties—Family Medicine, Internal Medicine, and Pediatrics (See Table 2-9, 11)

Seventy-seven more positions (1.5%) were offered in 2010 compared with 2009 in internal medicine-categorical (4,999 vs. 4,922). Seventeen fewer positions (0.9%) were offered in internal medicine-preliminary (1,863 vs. 1,880). Twelve more positions (4.6%) were offered in 2010 in internal medicine-primary care (259 vs. 247) and five more positions (1.3%) were offered in internal medicine-pediatrics (359 vs. 354). Seventy-seven more positions (1.0%) were offered in internal medicine-all types (7,545 vs. 7,468). Thirty-six more positions (1.5%) were offered in pediatrics-categorical (2,428 vs. 2,392), resulting in an increase of seventeen more positions (0.6%) offered in pediatrics-all types (2,526 vs. 2,509).

Ninety-four more positions (1.9%) were filled in internal medicine-categorical in 2010 compared with 2009 (4,947 vs. 4,853), with ninety more positions (3.3%) filled with U.S. seniors (2,722 vs. 2,632). Fifty-seven more positions (2.4%) were filled in pediatrics-categorical in 2010 (2,383 vs. 2,326) and twenty-nine more positions (1.7%) were filled with U.S. seniors (1,711 vs. 1,682).

Three of the categories of pediatrics and internal medicine are considered primary care. Two of those three filled with more U.S. seniors in 2010 when compared with 2009. Seven more positions (2.9%) were filled in internal medicine-primary compared with 2009 (243 vs. 236), with one more position (0.6%) being filled with a US senior (156 vs. 155). Fourteen fewer positions were filled (21.5%) in pediatrics-primary in 2010 compared with 2009 (65 vs. 79), and sixteen fewer (53.3%) U.S. seniors filled the available positions (30 vs. 46). Sixteen more positions (4.5%) were filled in internal medicine-pediatrics compared with 2009 (355 vs. 339), and fifty-eight more (19.4%) U.S. seniors chose internal medicine-pediatrics compared with the preceding year (299 vs. 241). For these three primary care specialties, nine more positions (1.6%) were filled in 2010 compared with 2009 (663 vs. 654), and forty-three more positions (8.9%) were filled with U.S. seniors (485 vs. 442).

In the 2010 NRMP, the primary care programs experienced some change in fill rate percentage compared with 2009. The fill rate for family medicine increased 0.2%, internal medicine-primary decreased 1.7%, pediatrics-primary stayed the same (100% vs. 100%) and internal medicine-pediatrics increased 3.1%.

III. Contrast with Positions Potentially Leading to Subspecialties (See Tables 9-13)

Seventeen fewer preliminary positions in internal medicine were offered in 2010 compared with 2009 (1,863 vs. 1,880), and thirty-three fewer were filled in 2010 compared with 2009 (1,758 vs. 1,791). Eleven fewer U.S. seniors (0.7%) matched into internal medicine-preliminary (1,493 vs. 1,504). These students have chosen an internal medicine-preliminary year specifically as preparation for further training in another specialty.

IV. Contrast with Other Specialty Trends

Anesthesiology experienced an increase in positions filled (6.2%) in 2010 with forty-eight more students choosing the specialty (771 vs. 723). Despite a small dip in 2004, the number of positions filled in anesthesiology has almost quadrupled since 1997. The number of positions offered increased 8% (797 vs. 733) and fourteen more U.S. seniors (2.2%) matched in anesthesiology in 2010 (626 vs. 612).

The number of positions offered and filled in diagnostic radiology decreased with ten fewer positions (7.1%) offered (140 vs. 151) and nine fewer positions (6.5%) filled in 2010 compared with 2009 (139 vs. 148). Twelve fewer U.S. seniors (10%) matched in diagnostic radiology compared with 2009 (120 vs. 132).

Emergency medicine offered eighty-four more positions in 2010 compared with 2009 (1,556 vs. 1,472), representing an increase of 5.4%. Eighty-one more positions (5.3%) were filled in emergency medicine compared with 2009 (1,540 vs. 1,459), with thirty-six more U.S. seniors (3%) selecting emergency medicine (1,182 vs. 1,146).

Obstetrics-gynecology offered two more (0.2%) positions (1,187 vs. 1,185) and filled three more positions (0.3%) compared with 2009 (1,182 vs. 1,179). Thirty-six more U.S. seniors (3.9%) chose obstetrics-gynecology in 2010 (915 vs. 879).

Surgery-categorical offered twelve more (1.1%) positions (1,077 vs. 1,065) and filled fifteen more positions (1.4%) compared with 2009 (1,075 vs. 1,060). Seventy-one more U.S. seniors (7.9%) chose surgery-categorical in 2010 (895 vs. 824).

V. Discussion

The AAFP continues to track and report on the annual NRMP results as these have significant implications for physician workforce, health-care reform, healthcare access, and healthcare policy. In 2009, the AAFP adopted a new workforce policy statement to identify the policy recommendations that should be implemented to support a strong family medicine workforce. Increasingly, the public is aware of the need for a strong primary care physician infrastructure, and the important role that family physicians fill in providing healthcare to adults and children in communities all across the nation.^{1,2} The results of the 2010 NRMP Match show a slight up tick in the number of medical students choosing primary care specialties as evidenced by the increase in the number of U.S. seniors choosing family medicine, internal medicine-primary, and internal medicine-pediatrics.

The majority of positions offered and filled in the NRMP continue to be in non-primary care subspecialties. This continued trend is worrisome, as a shortage of primary care physicians negatively affects the nation. The Council on Graduate Medical Education (COGME), as well as other federal advisory bodies, is presently recommending that the nation's workforce trends toward specialization be reversed, and that the US physician workforce needs to be made up of "at least 40% primary care physicians." COGME is also recommending that health reform include payment reform to substantially increase reimbursement for primary care services to assure its ongoing support. Only in this way can the nation's health, healthcare access, healthcare expenditures and health outcomes be improved.³

Dr. Barbara Starfield, a leading researcher in health policy and the benefits of a primary care based healthcare system reported, "(T)hree lines of evidence represent a progressively stronger demonstration that primary care improves health by showing, first, that health is better in areas with more primary care physicians; second, that people who receive care from primary care physicians are healthier; and, third, that the characteristics of primary care are associated with better health."⁴ In 2008, the Government Accountability Office (GAO) reviewed multiple workforce studies by various organizations and specifically pointed to the need for gathering more data that projects the need for primary care physicians.⁵ The GAO report goes on to recognize the value of primary care within the health system by stating,

"Ample research in recent years concludes that the nation's over reliance on specialty care services at the expense of primary care leads to a health care system that is less efficient. At the same time, research shows that preventive care, care coordination for the chronically ill, and continuity of care—all hallmarks of primary care medicine—can achieve better health outcomes and cost savings."

Policy recommendations to support the number of students choosing family medicine, and general internal medicine are especially critical to ensure health care access for the nation's adult population. A recent study of students choosing internal medicine found that only 2% plan to practice general internal medicine, further shrinking the pool of primary care physicians.⁶ Even those students who enter medical school intent upon pursuing a career in primary care may be deterred during their training. One study found that only 30% of students initially interested in primary care maintained their interest throughout medical school, compared with 68% of those who were interested in non-primary care careers.⁷ The impact of lifestyle factors and income on specialty choice are complex and difficult to isolate.⁸ However, a recently published analysis of the relationship between physician starting salaries and specialty choice found that more US seniors are choosing the more highly compensated specialties.⁹ Though this information is not surprising, what has become more of an issue is the dramatic increase in the income gap between primary care and other specialties.¹⁰ Until this issue is appropriately addressed, the AAFP believes that many excellent physicians will be deterred from a rewarding career in family medicine where patients and communities receive effective, equitable, and efficient patient-centered care. The AAFP believes that health care reform efforts must seek to further increase the number of medical students choosing family medicine, must support the family medicine residency programs in training physicians for the complexities of medicine in the 21st century, and absolutely must achieve payment reform to improve the practice of family medicine for those physicians providing the care wanted and needed by the nation.

VI. Outlook for Family Medicine

This year, 2,404 individuals chose to become family physicians. These are individuals who have chosen to provide care to children and adults, women and men, throughout the continuum of the life cycle. They will provide care in rural and urban settings. These future family physicians will provide a personal medical home for their patients, reflecting one-quarter of the office visits to all physicians in the U.S.¹¹

The P4 Initiative ("Preparing the Personal Physician for Practice") is a six-year project launched in 2006 by the American Board of Family Medicine and the Association of Family Medicine Residency Directors in conjunction with TransforMED. Three years into the project, the research team has found that not only are the participating programs finding significant benefits from innovation, but they have stimulated innovation in family medicine residencies across the nation. The P4 steering committee and participants continue to disseminate learnings from the project at national meetings and in peer-reviewed publications. These findings are guiding the evolution of family medicine residency education and will change the way family physicians are trained to practice medicine for the future.

Initial outcomes from these projects reaffirm discussion among the other family medicine organizations regarding the need to educate the public, business leaders, and decision-makers about the concept of the Patient Centered Medical Home (PCMH). In February 2007, the American Academy of Pediatrics (AAP), the American Academy of Family Physicians (AAFP), the American Osteopathic Association (AOA) and the American College of Physicians (ACP) developed a set of joint principles that describe a new level of primary care called the Patient-Centered Medical Home.¹² A patient-centered medical home is an approach to providing comprehensive primary care for people of all ages and medical conditions. It is a way for a physician-led medical practice, chosen by the patient, to integrate health care services for that patient who confronts a complex and confusing health care system. Undoubtedly, implementation of a broad-based PCMH initiative will be dependent upon an adequate supply of family physicians.

The Society of Teachers of Family Medicine, the Association of Departments of Family Medicine, the North American Primary Care Group, and the AAFP Foundation join the AAFP in continuing efforts to communicate the message of family medicine to medical students. The family medicine organizations also continue student interest efforts in four defined evidence-based areas of focus: 1) identification and preparation of inspiring and competent family physician mentors and role models, 2) focus on medical school admission characteristics of students likely to choose family medicine, which includes identifying and inspiring the pipeline for future medical students, 3) effective communication about the image of family medicine to medical students and to the broader community, and 4) effective education of medical students about the family medicine model of care.

A strong family medicine workforce is dependent on at least 3 factors: recruitment of students to the specialty, comprehensive training of family medicine residents to provide patient-centered care within the framework of a medical home, and support for practicing family doctors who provide the kind of care that the nation says it wants and needs. The challenge for the future is to clearly communicate with policymakers, educators, medical students, and the public the importance of a well-trained, adequately equipped, and equitably distributed family physician workforce for America.

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2010 Tables

Table 1 - FAMILY MEDICINE

	2010	2009	2008	2007	2006	2005	2004	2003	2002	2001	2000	1999
Positions Offered	2,630	2,555	2,654	2,621	2,727	2,782	2,884	2,940	2,983	3,096	3,206	3,265
Positions Filled	2,404	2,329	2,404	2,313	2,318	2,292	2,273	2,239	2,357	2,363	2,603	2,697
% Filled	91.4%	91.2%	90.6%	88.2%	85.0%	82.4%	78.8%	76.2%	79.0%	76.3%	81.2%	82.6%
Filled US Seniors	1,184	1,083	1,172	1,107	1,132	1,132	1,198	1,234	1,413	1,516	1,833	2,024
% Filled US Seniors	45.0%	42.4%	44.2%	42.2%	41.5%	40.7%	41.5%	42.0%	47.4%	49.0%	57.2%	62.0%

Table 2 - PEDIATRICS (All Types)

	2010	2009	2008	2007	2006	2005	2004	2003	2002	2001	2000	1999
Positions Offered	2,526	2,509	2,496	2,451	2,407	2,388	2,384	2,349	2,341	2,290	2,282	2,254
Positions Filled	2,476	2,440	2,403	2,383	2,323	2,327	2,284	2,207	2,118	2,214	2,172	2,223
% Filled	98.0%	97.3%	96.3%	97.2%	96.5%	97.4%	95.8%	94.0%	90.5%	96.7%	95.2%	98.6%
Filled US Seniors	1,766	1,756	1,679	1,775	1,750	1,748	1,684	1,663	1,642	1,771	1,711	1,825
% Filled US Seniors	69.9%	70.0%	67.3%	72.4%	72.7%	73.2%	70.6%	70.8%	70.1%	77.3%	75.0%	81.0%

Table 3 - PEDIATRICS (Categorical)

	2010	2009	2008	2007	2006	2005	2004	2003	2002	2001	2000	1999
Positions Offered	2,428	2,392	2,382	2,328	2,288	2,269	2,261	2,237	2,209	2,161	2,144	2,104
Positions Filled	2,383	2,326	2,295	2,265	2,209	2,211	2,163	2,099	1,992	2,091	2,042	2,077
% Filled	98.1%	97.2%	96.3%	97.3%	96.5%	97.4%	95.7%	93.8%	90.2%	96.8%	95.2%	98.7%
Filled US Seniors	1,711	1,682	1,610	1,694	1,668	1,679	1,611	1,596	1,563	1,705	1,638	1,742
% Filled US Seniors	70.5%	70.3%	67.6%	72.8%	72.9%	74.0%	71.3%	71.4%	70.8%	78.9%	76.4%	82.8%

Table 4 - PEDIATRICS (Primary)

	2010	2009	2008	2007	2006	2005	2004	2003	2002	2001	2000	1999
Positions Offered	65	79	78	88	86	87	95	86	110	109	116	122
Positions Filled	65	79	78	86	86	87	94	84	104	105	110	122
% Filled	100%	100%	100%	98%	100%	100%	98.9%	97.7%	94.5%	96.3%	94.8%	100%
Filled US Seniors	30	46	43	53	57	45	48	47	58	50	57	63
% Filled US Seniors	46.2%	58.2%	55.1%	60.2%	66.3%	51.7%	50.5%	54.7%	52.7%	45.9%	49.1%	51.6%

Table 5 - INTERNAL MEDICINE (All Types)

	2010	2009	2008	2007	2006	2005	2004	2003	2002	2001	2000	1999
Positions Offered	7,545	7,468	7,450	7,396	7,401	7,486	7,385	7,289	7,132	7,265	7,319	7,327
Positions Filled	7,363	7,277	7,164	7,128	7,057	7,102	6,988	6,784	6,662	6,682	6,721	6,717
% Filled	97.6%	97.4%	96.2%	96.4%	95.4%	94.9%	94.6%	93.1%	93.4%	92.0%	91.8%	91.6%
Filled US Seniors	4,718	4,571	4,585	4,651	4,626	4,662	4,587	4,544	4,664	4,671	4,595	4,651
% Filled US Seniors	62.5%	61.2%	61.5%	62.9%	62.5%	62.3%	62.1%	62.3%	65.4%	64.3%	62.8%	63.5%

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Table 6 - INTERNAL MEDICINE (Categorical)

	2010	2009	2008	2007	2006	2005	2004	2003	2002	2001	2000	1999
Positions Offered	4,999	4,922	4,858	4,797	4,735	4,768	4,751	4,692	4,662	4,727	4,810	4,753
Positions Filled	4,947	4,853	4,751	4,720	4,636	4,634	4,627	4,462	4,395	4,403	4,494	4,506
% Filled	99.0%	98.6%	97.8%	98.4%	97.9%	97.2%	97.4%	95.1%	94.3%	93.1%	93.4%	94.8%
Filled US Seniors	2,722	2,632	2,660	2,680	2,668	2,659	2,602	2,590	2,738	2,798	2,800	2,863
% Filled US Seniors	54.5%	53.5%	54.8%	55.9%	56.4%	55.8%	54.8%	55.2%	58.7%	59.2%	58.2%	60.2%

Table 7 - INTERNAL MEDICINE (Primary Care)

	2010	2009	2008	2007	2006	2005	2004	2003	2002	2001	2000	1999
Positions Offered	259	247	264	274	295	290	295	321	339	404	473	575
Positions Filled	243	236	254	264	284	280	284	298	321	369	445	505
% Filled	93.8%	95.5%	96.2%	96.4%	96.3%	96.6%	96.3%	92.8%	94.7%	91.3%	94.1%	87.8%
Filled US Seniors	156	155	166	167	165	170	188	192	204	234	281	347
% Filled US Seniors	60.2%	62.8%	62.9%	61.0%	55.9%	58.6%	63.7%	59.8%	60.2%	57.9%	59.4%	60.3%

Table 8 - INTERNAL MEDICINE (Combined Internal Medicine – Pediatrics)

	2010	2009	2008	2007	2006	2005	2004	2003	2002	2001	2000	1999
Positions Offered	359	354	362	378	376	390	400	385	399	439	446	432
Positions Filled	355	339	326	345	344	340	352	317	340	385	392	382
% Filled	98.9%	95.8%	90.1%	91.3%	91.5%	87.2%	88.0%	82.3%	85.2%	87.7%	87.9%	88.4%
Filled US Seniors	299	241	248	275	294	275	296	258	292	337	338	347
% Filled US Seniors	83.3%	68.1%	68.5%	72.8%	78.2%	70.5%	74.0%	67.0%	73.2%	76.8%	75.8%	80.3%

Table 9 - INTERNAL MEDICINE (Preliminary)

	2010	2009	2008	2007	2006	2005	2004	2003	2002	2001	2000	1999
Positions Offered	1,863	1,880	1,901	1,885	1,943	1,987	1,887	1,839	1,675	1,633	1,526	1,499
Positions Filled	1,758	1,791	1,774	1,749	1,749	1,803	1,685	1,663	1,563	1,488	1,341	1,275
% Filled	94.4%	95.3%	93.3%	92.8%	90.0%	90.7%	89.3%	90.4%	93.3%	91.1%	87.9%	85.1%
Filled US Seniors	1,493	1,504	1,471	1,491	1,469	1,526	1,471	1,468	1,398	1,271	1,136	1,057
% Filled US Seniors	80.1%	80.0%	77.4%	79.1%	75.6%	76.8%	78.0%	79.8%	83.5%	77.8%	74.4%	70.5%

Table 10 - TRANSITIONAL

	2010	2009	2008	2007	2006	2005	2004	2003	2002	2001	2000	1999
Positions Offered	980	981	979	1,017	1,017	1,017	1,065	1,033	1,062	1,031	1,005	978
Positions Filled	945	943	957	966	972	967	990	970	977	966	944	922
% Filled	96.4%	96.1%	97.8%	95.0%	95.6%	95.1%	93.0%	93.9%	92.0%	93.7%	93.9%	94.3%
Filled US Seniors	832	840	874	882	888	891	882	866	891	866	819	742
% Filled US Seniors	84.9%	85.6%	89.3%	86.7%	87.3%	87.6%	82.8%	83.8%	83.9%	84.0%	81.5%	75.9%

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Table 11 - OBSTETRICS – GYNECOLOGY

	2010	2009	2008	2007	2006	2005	2004	2003	2002	2001	2000	1999
Positions Offered	1,187	1,185	1,163	1,155	1,154	1,144	1,142	1,151	1,138	1,125	1,119	1,127
Positions Filled	1,182	1,179	1,151	1,149	1,130	1,083	1,066	1,050	1,067	1,040	1,031	1,049
% Filled	99.6%	99.5%	99.0%	99.5%	97.9%	94.7%	93.3%	91.2%	93.8%	92.4%	92.1%	93.1%
Filled US Seniors	915	879	838	837	835	772	743	786	848	834	840	905
% Filled US Seniors	77.1%	74.2%	72.1%	72.5%	72.4%	67.5%	65.1%	68.3%	74.5%	74.1%	75.1%	80.3%

Table 12 - ANESTHESIOLOGY

	2010	2009	2008	2007	2006	2005	2004	2003	2002	2001	2000	1999
Positions Offered	797	733	666	575	552	463	443	431	392	371	349	330
Positions Filled	771	723	649	561	539	439	414	415	375	332	292	255
% Filled	96.7%	98.6%	97.4%	97.6%	97.6%	94.8%	93.5%	96.3%	95.7%	89.5%	83.7%	77.3%
Filled US Seniors	626	612	524	448	451	326	322	321	307	237	173	137
% Filled US Seniors	78.5%	83.5%	78.7%	77.9%	81.7%	70.4%	72.7%	74.5%	78.3%	63.9%	49.6%	41.5%

Table 13 - DIAGNOSTIC RADIOLOGY

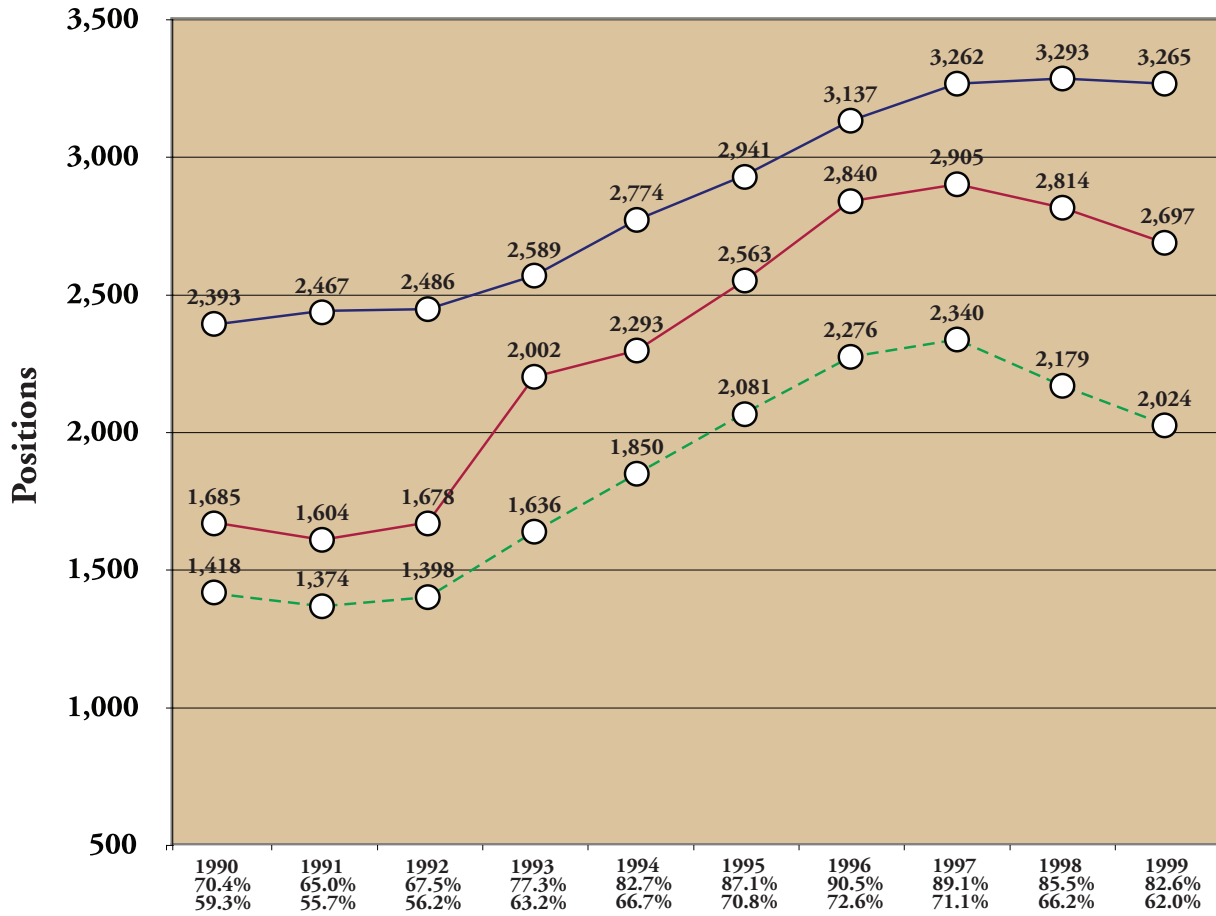
	2010	2009	2008	2007	2006	2005	2004	2003	2002	2001	2000	1999
Positions Offered	141	151	157	141	129	134	126	136	132	137	125	130
Positions Filled	139	148	154	141	123	124	126	133	125	136	125	121
% Filled	98.6%	98.0%	98.1%	100%	95.3%	92.5%	100%	97.8%	94.7%	99.3%	100%	93.1%
Filled US Seniors	120	132	135	125	105	107	121	116	108	124	114	101
% Filled US Seniors	85.1%	87.4%	86.0%	88.7%	81.4%	79.9%	96.0%	85.3%	81.8%	90.5%	91.2%	77.7%

Table 14 - TOTAL POSITIONS & ACTIVE APPLICANTS*

	2010	2009	2008	2007	2006	2005	2004	2003	2002	2001	2000	1999
Positions Offered	22,809	22,427	22,240	21,845	21,659	21,454	21,192	20,908	20,602	20,642	20,598	20,453
Positions Filled	21,749	21,340	20,940	20,514	20,072	19,760	19,392	18,806	18,447	18,354	18,391	18,398
% Filled	95.4%	95.2%	94.2%	93.9%	92.7%	92.1%	91.5%	89.9%	89.5%	88.9%	89.3%	90.0%
Active Applicants*	30,543	29,888	28,737	27,944	26,715	25,348	25,246	23,965	23,459	23,981	25,056	26,462
US Senior Active Appl.	16,070	15,638	15,242	15,206	15,008	14,719	14,609	14,332	14,336	14,455	14,358	14,607
US Senior Matched	14,992	14,566	14,359	14,201	14,059	13,798	13,572	13,364	13,489	13,542	13,485	13,707
US Senior Matched/FM	1,184	1,083	1,172	1,107	1,132	1,132	1,198	1,234	1,413	1,516	1,833	2,024
FP% US Senior Act. Appl.	7.4%	6.9%	7.7%	7.3%	7.5%	7.7%	8.2%	8.6%	9.9%	10.5%	12.8%	13.9%
FP% US Senior Matched	7.9%	7.4%	8.2%	7.8%	8.1%	8.2%	8.8%	9.2%	10.5%	11.2%	13.6%	14.8%

Graph 1

Family Medicine 20 Year Retrospective Positions Offered & Filled & U.S. Seniors in **March** 1990 – 2010



2010 Tables continued

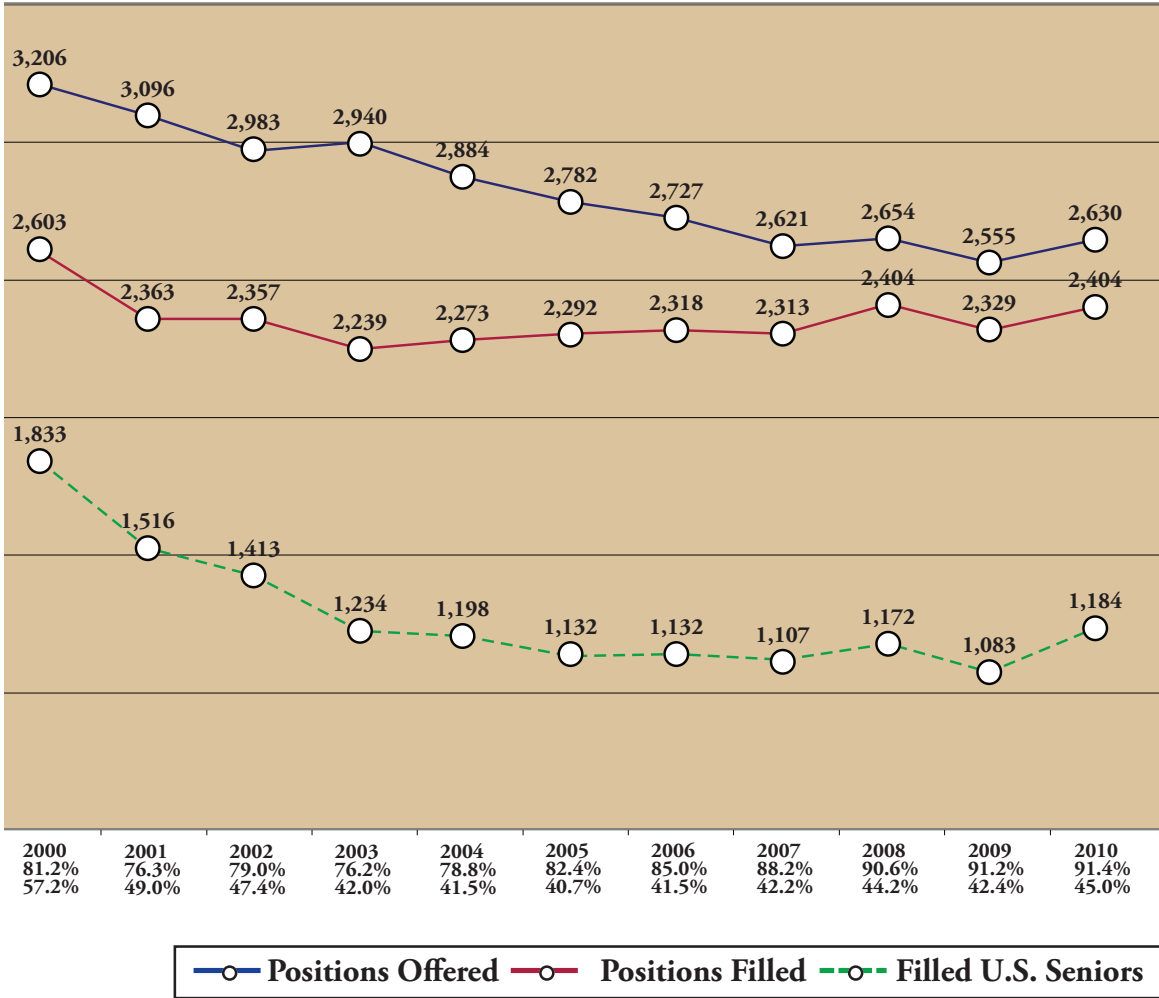
Categories of Applicants: 1995 – 2010

Year	US Seniors	Canadian	US Physicians	D.O.	5th Pathway	US-IMG	NON US-IMG
2010	52.6%	0.08%	4.4%	6.7%	0.4%	12.0%	23.7%
2009	52.3%	0.12%	4.1%	6.7%	0.3%	11.3%	25.0%
2008	53.0%	0.13%	4.1%	6.5%	0.3%	10.3%	25.5%
2007	54.4%	0.2%	4.5%	5.9%	0.3%	9.6%	25%
2006	56.2%	0.3%	4.5%	5.6%	0.2%	9.1%	24.1%
2005	58.1%	0.3%	5.0%	6.0%	0.4%	8.3%	21.9%
2004	57.8%	0.3%	4.8%	6.2%	0.4%	8.0%	22.5%
2003	59.8%	0.3%	4.2%	5.9%	0.5%	8.3%	21.0%
2002	61.1%	0.4%	4.3%	5.6%	0.5%	8.7%	19.4%
2001	60.3%	0.3%	4.1%	5.2%	0.4%	8.3%	21.3%
2000	57.3%	0.3%	3.8%	4.6%	0.2%	8.7%	25.1%
1999	55.1%	0.3%	3.6%	3.7%	0.2%	6.9%	30.1%
1998	55.4%	0.3%	4.2%	3.4%	0.1%	6.4%	30.2%
1997	55.5%	0.3%	4.8%	3.0%	0.1%	5.6%	30.7%
1996	58.8%	0.4%	4.7%	3.2%	0.1%	3.9%	28.9%
1995	63.7%	0.5%	4.9%	3.3%	0.1%	3.2%	24.3%

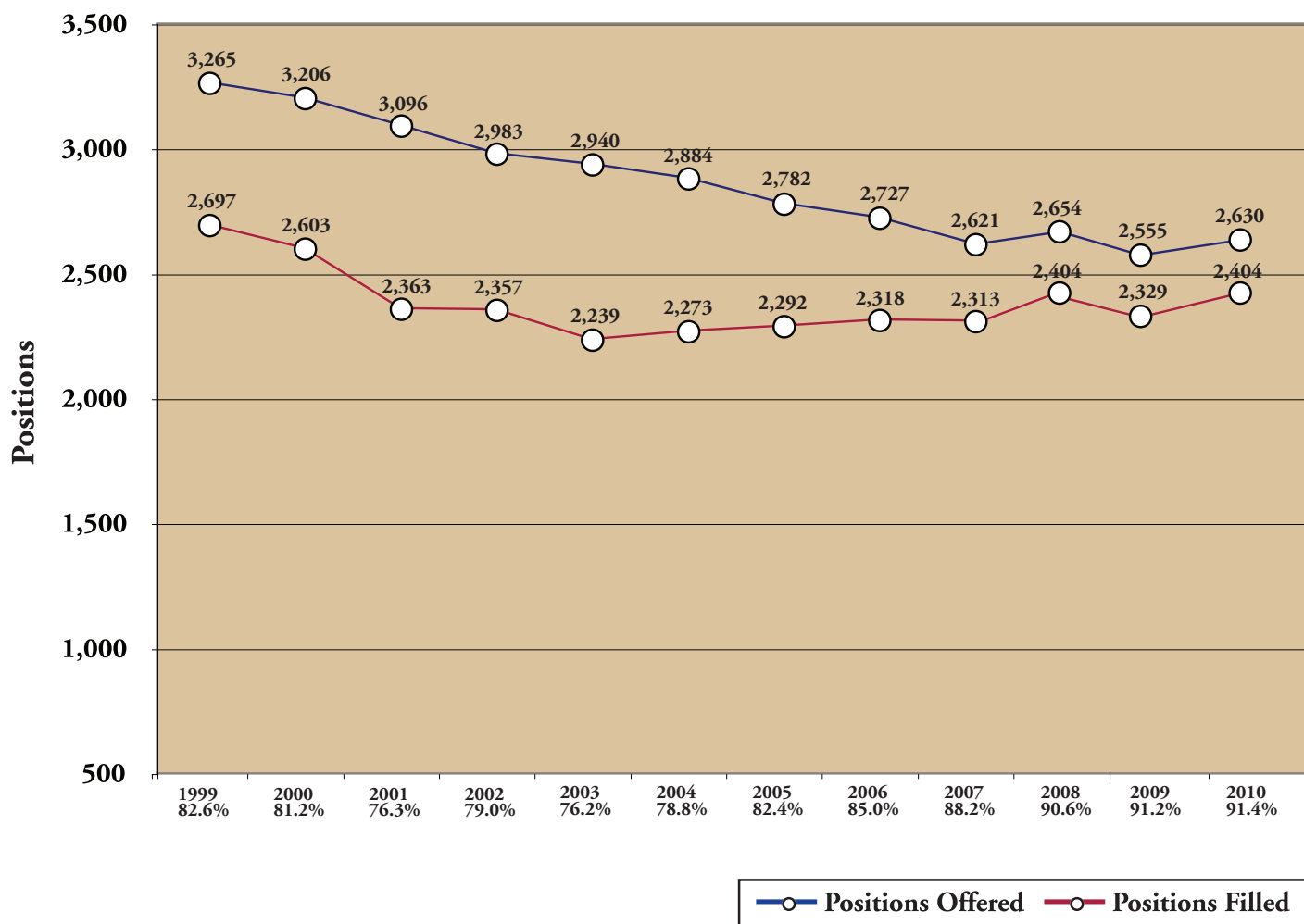
Note: Active Applicants are those who submit a list of residency program choices.

Graph 1

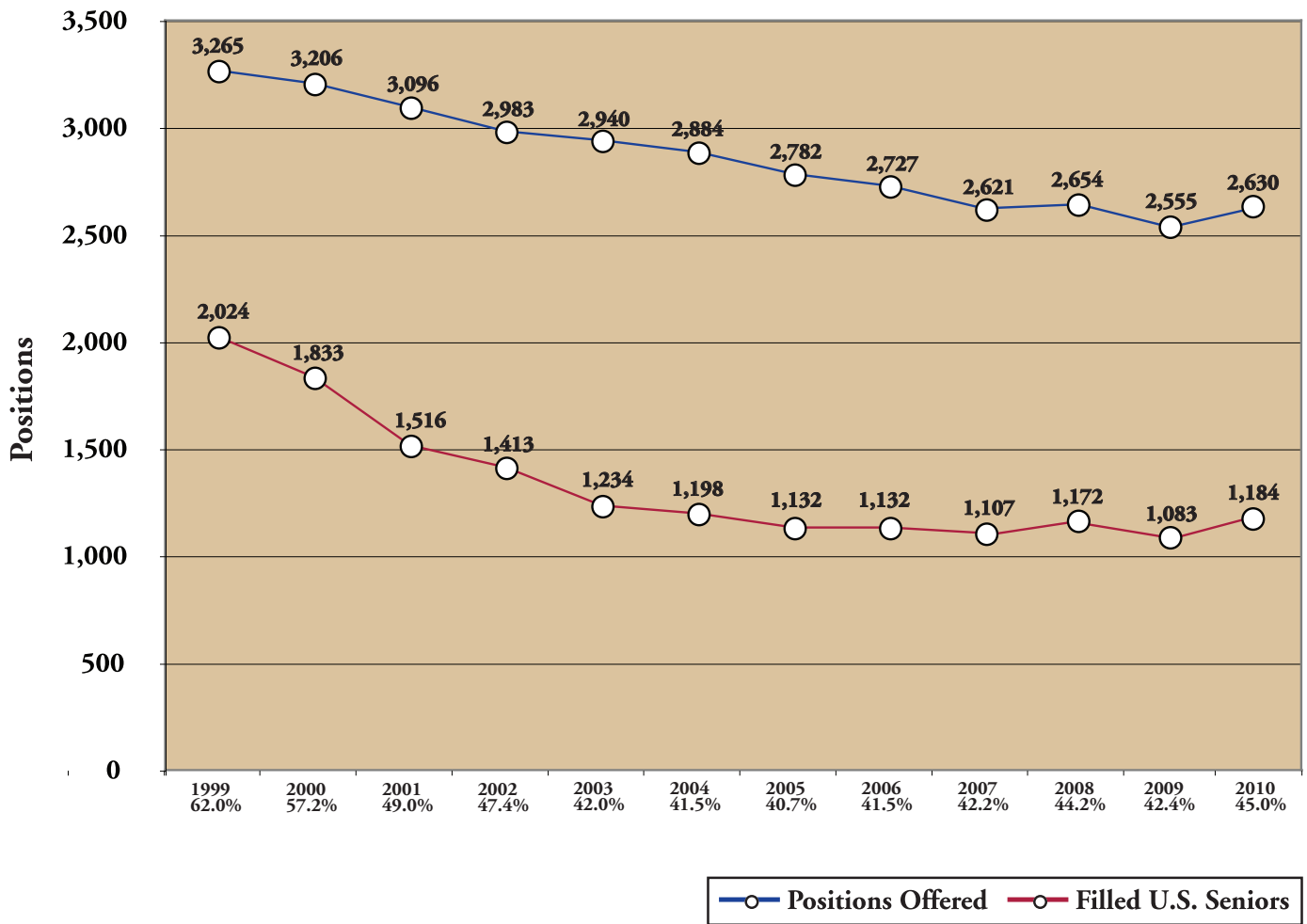
Family Medicine 20 Year Retrospective Positions Offered & Filled & U.S. Seniors in **March** 1990 – 2010 continued



Graph 2
Family Medicine
Positions Offered & Filled
in March 1999 – 2010

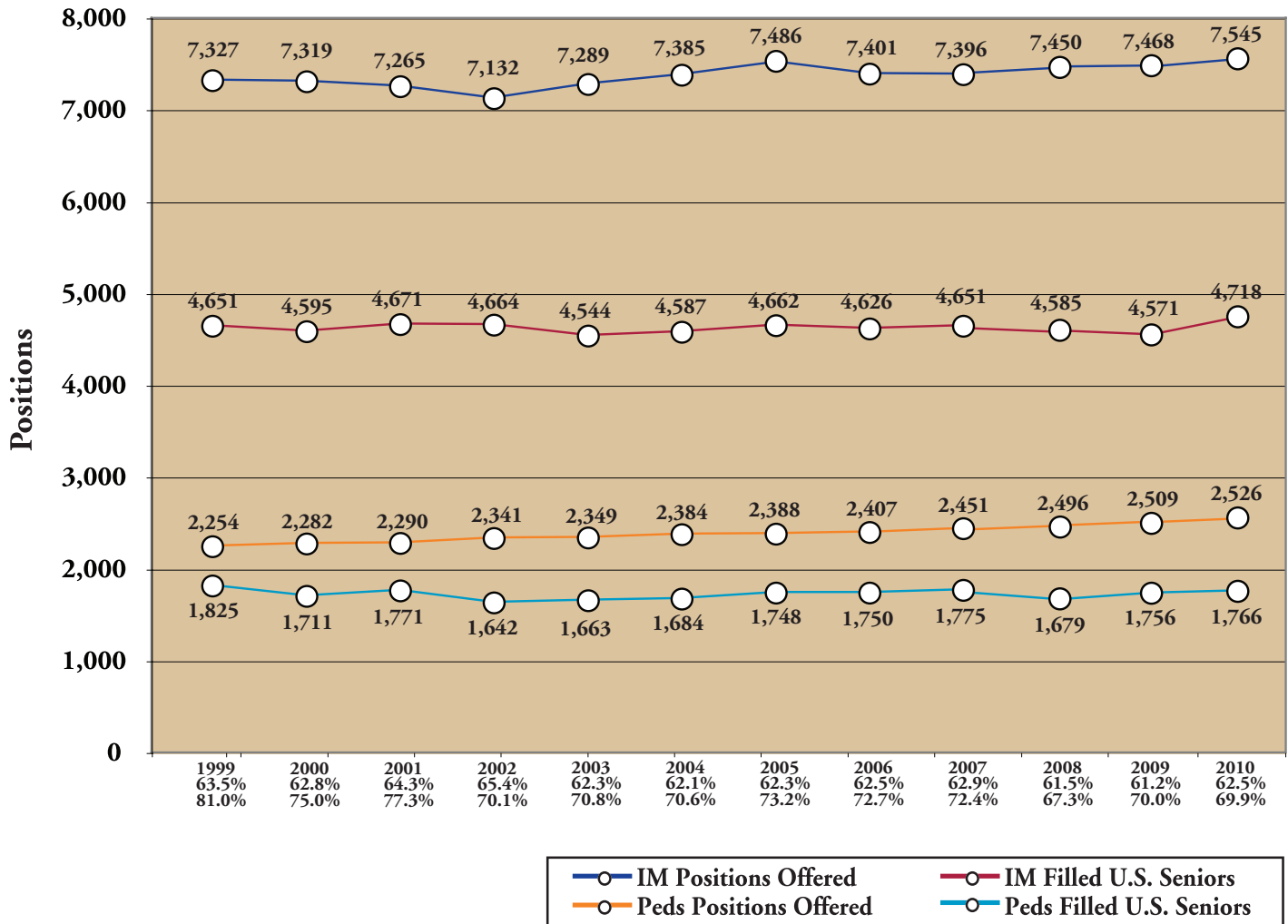


Graph 3
Family Medicine
Positions Offered & Filled with U.S. Seniors
in March 1999 – 2010

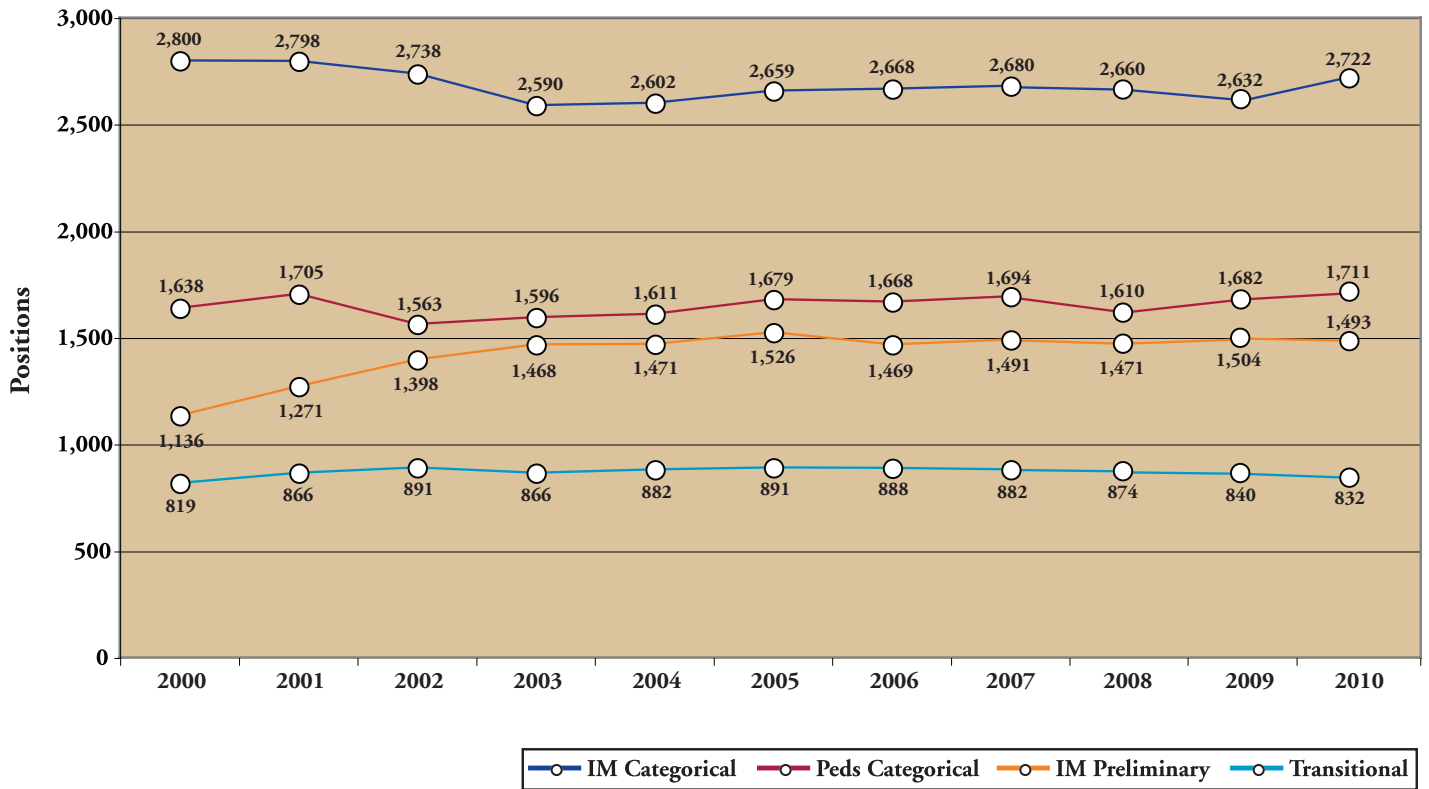


Graph 4

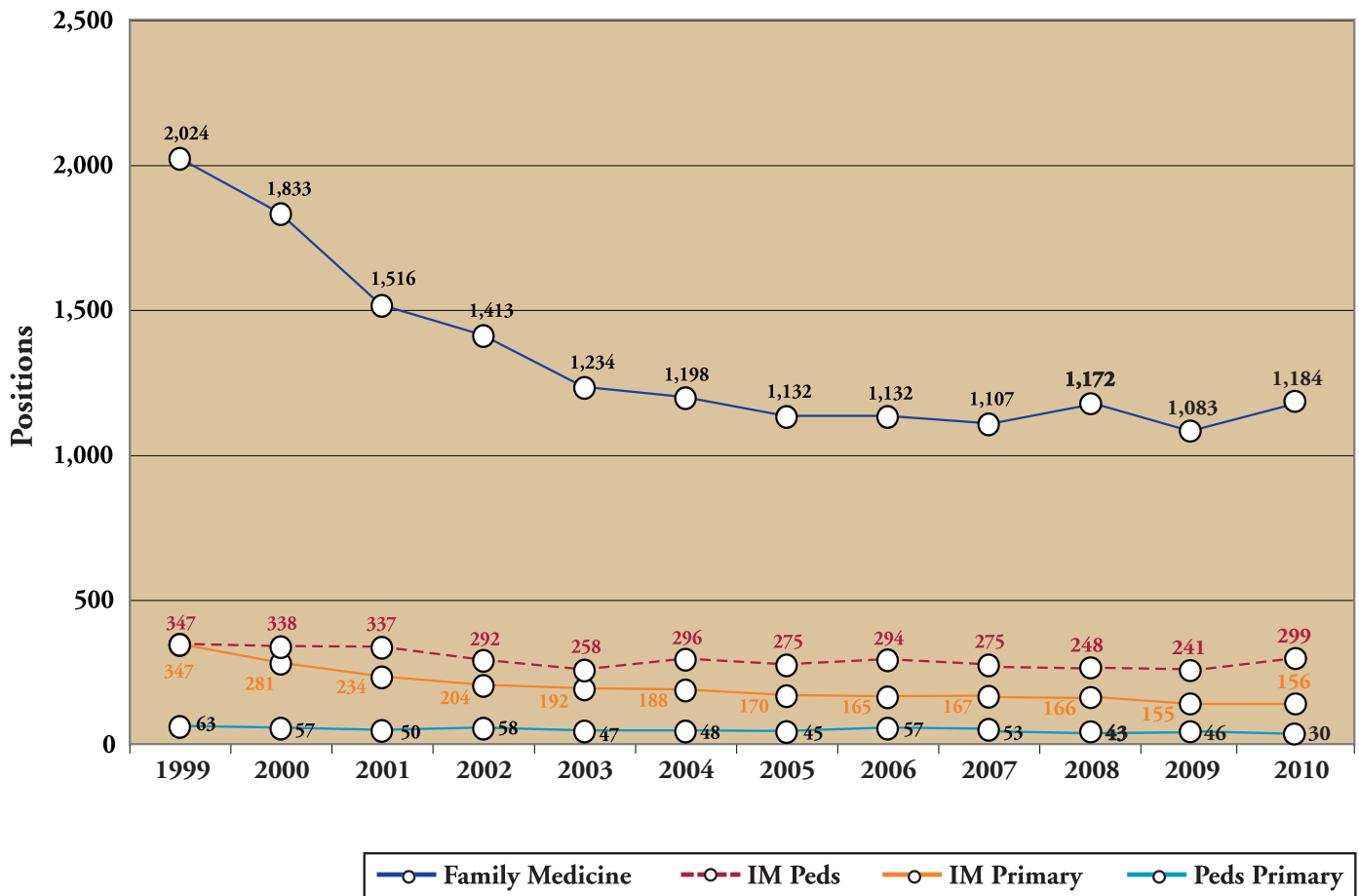
Comparison of Internal Medicine (All Types) and Pediatrics (All Types) Positions Offered & Filled with U.S. Seniors in **March** 1999 – 2010



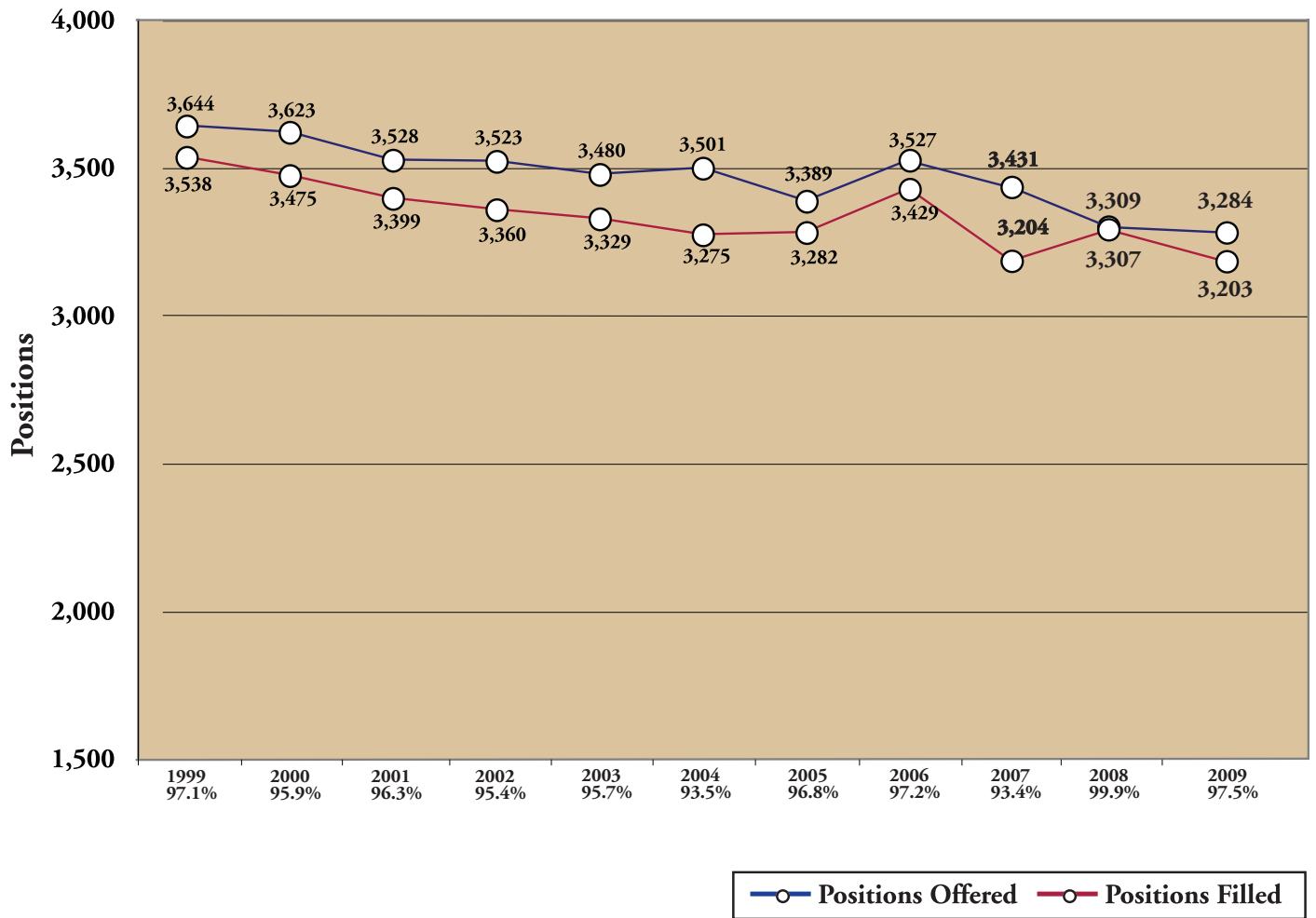
Graph 5
**Comparison of Potentially
 Non-Primary Care Positions
 Filled with U.S. Seniors
 in March 2000 – 2010**



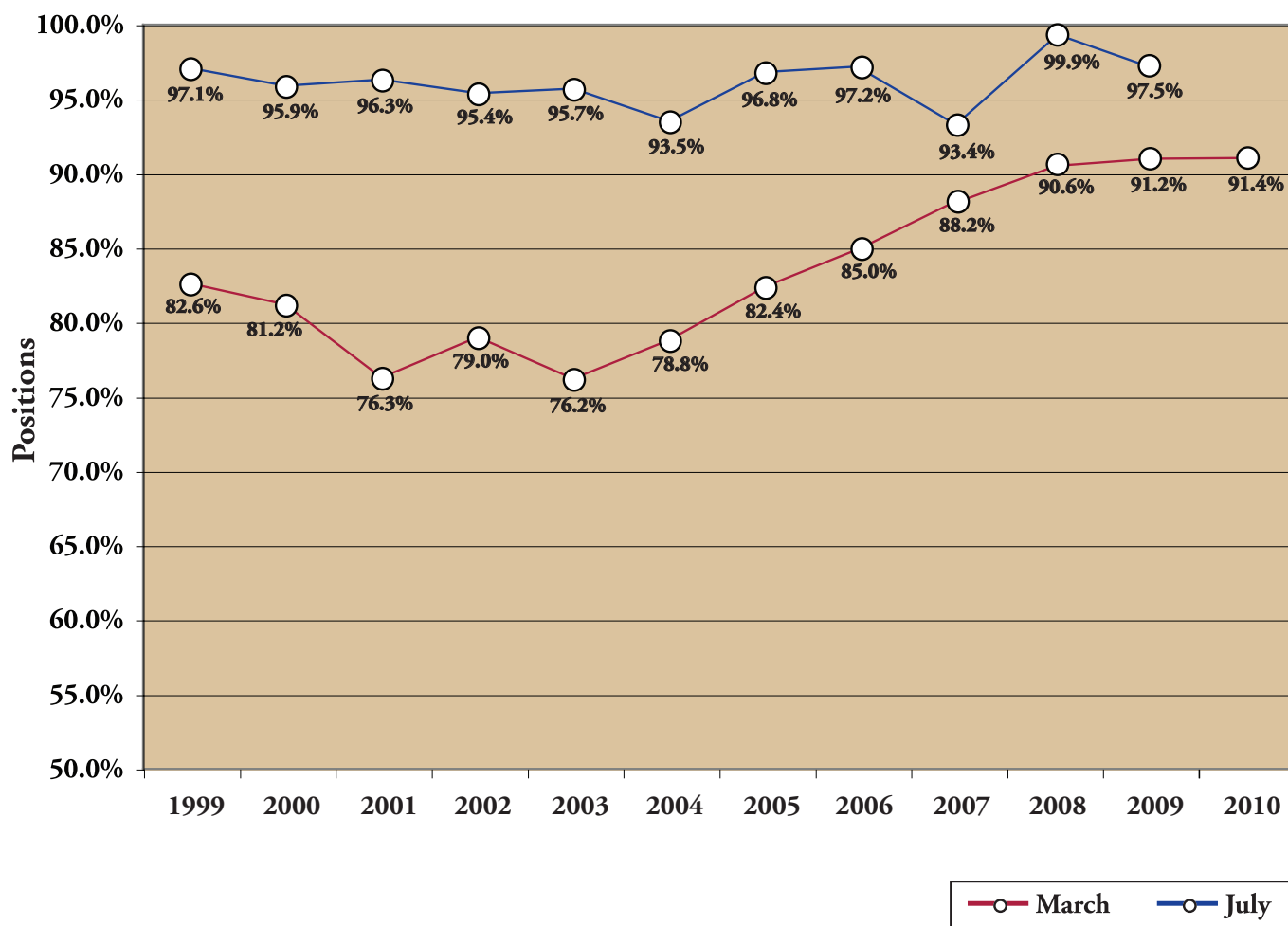
Graph 6
Comparison of Primary Care Positions
Filled with U.S. Seniors
in March 1999 – 2010



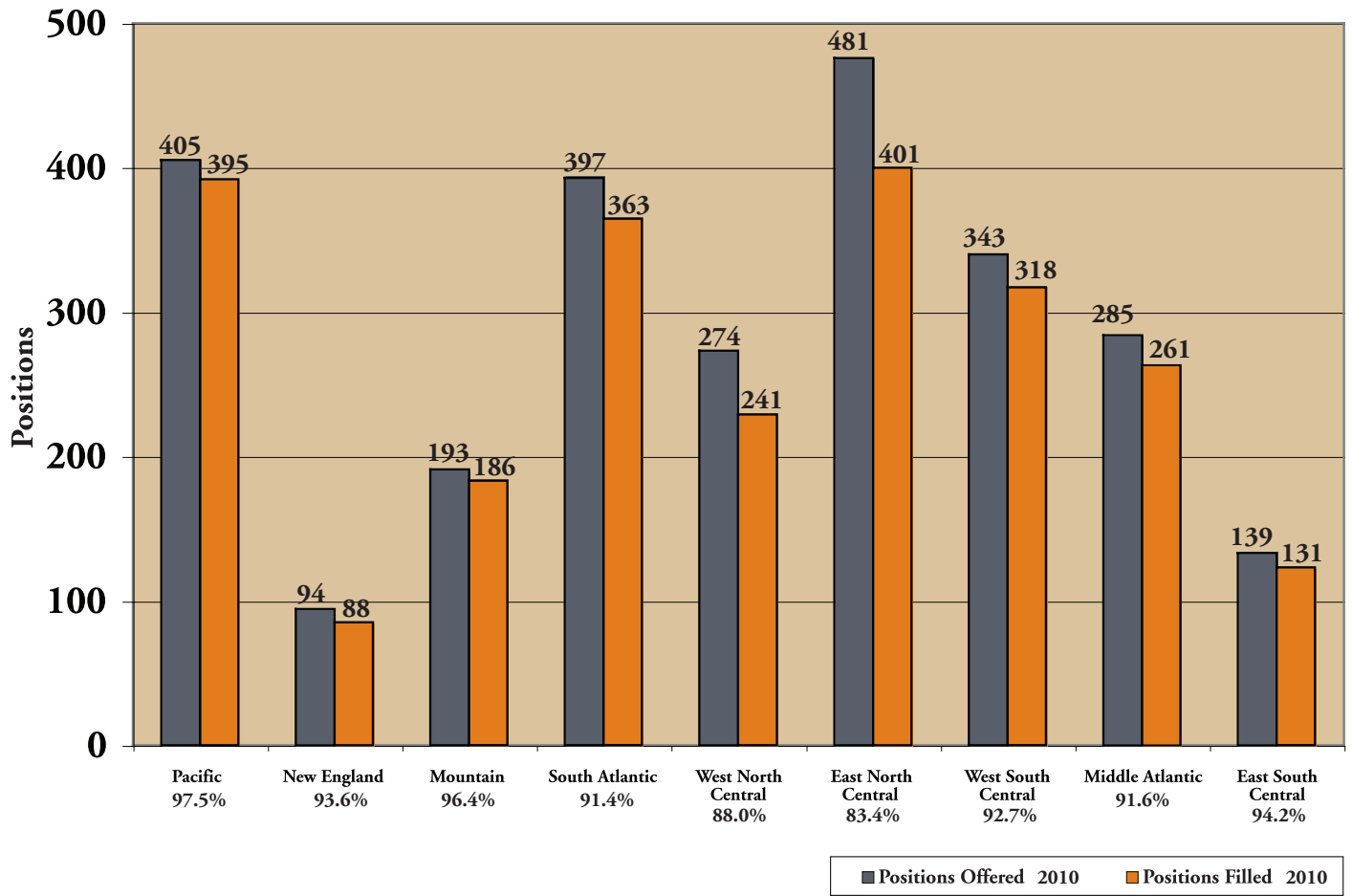
Graph 7
Family Medicine
Positions Offered and Filled
in July 1999 – 2009



Graph 8
Family Medicine
Percent Positions Filled
1999 – 2010



Graph 9
2010 NRMP Family Medicine
Results by Regions



Comparison of 2009 – 2010 March Fill Rate in Family Medicine by Region and State

Region	Positions Offered		Positions Filled		Positions Filled %	
	2009	2010	2009	2010	2009	2010
Pacific	394	405	366	395	92.9%	97.5%
Alaska	9	12	9	10	100.0%	83.0%
California	280	286	252	283	90.0%	99.0%
Hawaii	6	6	6	6	100.0%	100.0%
Oregon	25	27	25	27	100.0%	100.0%
Washington	74	74	74	69	100.0%	93.2%
New England	95	94	91	88	95.8%	93.6%
Connecticut	17	16	15	16	88.2%	100.0%
Maine	22	21	20	15	90.9%	71.4%
Massachusetts	35	36	35	36	100.0%	100.0%
New Hampshire	4	5	4	5	100.0%	100.0%
Rhode Island	11	10	11	10	100.0%	100.0%
Vermont	6	6	6	6	100.0%	100.0%
Mountain	187	193	173	186	92.5%	96.4%
Arizona	39	42	32	42	82.1%	100.0%
Colorado	63	64	57	62	90.5%	96.9%
Idaho	19	17	19	17	100.0%	100.0%
Montana	6	6	6	4	100.0%	67.0%
Nevada	6	8	5	7	83.0%	88.0%
New Mexico	17	23	17	21	100.0%	91.3%
Utah	25	24	25	24	100.0%	100.0%
Wyoming	12	9	12	9	100.0%	100.0%
South Atlantic	383	397	354	363	92.4%	91.4%
Delaware	10	8	9	8	90.0%	100.0%
District of Columbia	12	12	12	12	100.0%	100.0%
Florida	70	69	70	69	100.0%	100.0%
Georgia	55	57	53	53	96.4%	93.0%
Maryland	13	14	10	12	77.0%	86.0%
North Carolina	80	78	71	66	88.8%	84.6%
Puerto Rico	8	8	8	8	100.0%	100.0%
South Carolina	55	58	44	53	80.0%	91.4%
Virginia	60	68	58	61	96.7%	89.7%
West Virginia	20	25	19	21	95.0%	84.0%

Comparison of 2009 – 2010 March Fill Rate in Family Medicine by Region and State

Region	Positions Offered		Positions Filled		Positions Filled %	
	2009	2010	2009	2010	2009	2010
West North Central	270	274	240	241	88.9%	88.0%
Iowa	54	57	53	50	98.1%	87.7%
Kansas	33	34	29	34	87.9%	100.0%
Minnesota	67	68	64	65	95.5%	95.6%
Missouri	52	53	44	48	84.6%	90.6%
Nebraska	33	34	24	24	72.7%	70.6%
North Dakota	16	15	16	15	100.0%	100.0%
South Dakota	15	13	10	5	67.7%	38.5%
East North Central	469	481	410	401	87.4%	83.4%
Illinois	137	151	130	134	94.9%	88.7%
Indiana	61	63	53	57	86.9%	90.5%
Michigan	99	99	88	86	88.9%	86.9%
Ohio	114	108	91	76	79.8%	70.4%
Wisconsin	58	60	48	48	82.8%	80.0%
West South Central	328	343	298	318	90.9%	92.7%
Arkansas	35	43	28	40	80.0%	93.0%
Louisiana	55	59	47	40	85.5%	67.8%
Oklahoma	37	43	33	43	89.2%	100.0%
Texas	201	198	190	195	94.5%	98.5%
Middle Atlantic	267	285	253	261	94.8%	91.6%
New Jersey	42	40	34	27	81.0%	67.5%
New York	97	106	96	104	99.0%	98.1%
Pennsylvania	128	139	123	130	96.1%	93.5%
East South Central	142	139	126	131	88.7%	94.2%
Alabama	44	40	42	36	95.5%	90.0%
Kentucky	34	33	31	33	91.2%	100.0%
Mississippi	16	16	13	16	81.3%	100.0%
Tennessee	48	50	40	46	83.3%	92.0%
TOTALS*	2535	2611	2311	2384	91.2%	91.3%

*Note: Excludes Family Medicine – Psychiatry, Family Medicine – Emergency Medicine, and Internal Medicine – Family Medicine positions.

This book is produced by the American Academy of Family Physicians Division of Medical Education.

About the American Academy of Family Physicians

Founded in 1947, the AAFP represents more than 94,600 physicians and medical students nationwide. It is the only medical society devoted solely to primary care.

Nearly one in four of all office visits are made to family physicians. That is 208 million office visits each year — nearly 83 million more than the next largest medical specialty. Today, family physicians provide more care for America's underserved and rural populations than any other medical specialty.

In the increasingly fragmented world of health care where many medical specialties limit their practice to a particular organ, disease, age or sex, family physicians are dedicated to treating the whole person across the full spectrum of ages. Family medicine's cornerstone is an ongoing, personal patient-physician relationship focused on integrated care.

To learn more about the AAFP and about the specialty of family medicine, please visit www.aafp.org.

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For more information about health care, health conditions, and wellness, please visit www.familydoctor.org.

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