AAFP Annual Report on the

National Resident Matching Program

Data Source: NRMP

www.aafp.org/match

AAFP

2011

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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 2011. The information provided includes the number of applicants to graduate medical programs for the 2011-12 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.

2011 MATCH Summary and Results

I. 2011 Family Medicine Match Results and Comparison to Recent Trends (See Table 1)

Preliminary information available from the 2011 National Resident Matching Program (NRMP) indicates that for family medicine residency programs 2,576 positions filled out of 2,730 positions offered (94.4%). This represents an increase in the number of family medicine residency positions offered and filled through the NRMP over 2010. [Included in this category are family medicine-psychiatry, family medicine-emergency medicine, family medicine—preventive medicine and family medicine-internal medicine programs.] One hundred more family medicine positions (3.7%) were offered in 2011 compared with 2010. One hundred and seventy-two more positions (3.1%) were filled in 2011 compared with 2010 (2576/94.4% vs. 2,404/91.4%)

One hundred and thirty-three more U.S. seniors (1,317 vs. 1,184) chose family medicine in 2011 compared with 2010. More U.S. seniors participated in NRMP in 2011 compared with 2010 (16,559 vs. 16,070), with a resulting increase (8.4% vs. 7.9%) in the percentage of U.S. seniors who chose family medicine. This is the third time in over a decade (2011, 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 2-19, 11)

One hundred and twenty-two more positions (2.4%) were offered in 2011 compared with 2010 in internal medicine-categorical (5,121 vs. 4,999). Thirty-seven more positions (2.0%) were offered in internal medicine-preliminary (1,900 vs. 1,863). Twenty-seven more positions (9.4%) were offered in 2011 in internal medicine-primary care (286 vs. 259) and six more positions (1.6%) were offered in internal medicine-pediatrics (365 vs. 359). One hundred and eighty-eight more positions (2.4%) were offered in internal medicine-all types (7,733 vs. 7,545). Fifty-four more positions (2.2%) were offered in pediatrics-categorical (2,482 vs. 2,428), with an increase of fifty-nine more positions (2.3%) offered in pediatrics-all types (2,585 vs. 2,526).

One hundred and twenty-two more positions (2.4%) were filled in internal medicine-categorical in 2011 compared with 2010 (5,121 vs. 4,947), with two hundred and eighteen more positions (7.4%) filled with U.S. seniors (2,940 vs. 2,722). Fifty-four more positions (2.2%) were filled in pediatrics-categorical in 2011 (2,437 vs. 2,383) and fifty-seven more positions (3.2%) were filled with U.S. seniors (1,768 vs. 1,711).

Three of the categories of pediatrics and internal medicine are considered primary care. Two of those three filled with more U.S. seniors in 2011 when compared with 2010. Twenty -six more positions (9.7%) were filled in internal medicine-primary compared with 2010 (269 vs. 243), with ten more positions (6.0%) being filled with a US senior (166 vs. 156). One more position was filled (1.5%) in pediatrics-primary in 2011 compared with 2010 (66 vs. 65), and two fewer (7.1%) U.S. seniors filled the available positions (28 vs. 30). Seven more positions (1.9%) were filled in internal medicine-pediatrics compared with 2010 (362 vs. 355), and ten more (3.2%) U.S. seniors chose internal medicine-pediatrics compared with the preceding year (309 vs. 299). For these three primary care specialties, thirty-six more positions (5.2%) were filled in 2011 compared with 2010 (699 vs. 663), and eighteen more positions (3.6%) were filled with U.S. seniors (503 vs. 485).

In the 2011 NRMP, the primary care programs experienced some change in fill rate percentage compared with 2010. The fill rate for family medicine increased 3.0%, internal medicine-primary increased 0.3%, pediatrics-primary stayed the same (100% vs. 100%) and internal medicine-pediatrics increased 0.3%.

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

Thirty-seven more preliminary positions in internal medicine were offered in 2011 compared with 2010 (1,900 vs. 1,863), and thirteen more were filled in 2011 compared with 2010 (1,771 vs. 1,758). Ten more U.S. seniors (0.7%) matched into internal medicine-preliminary (1,503 vs. 1,493). 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 (6.0%) in 2011 with forty-nine more students choosing the specialty (820 vs. 771). Despite a small dip in 2004, the number of positions filled in anesthesiology has almost quadrupled since 1997. The number of positions offered increased 5.2% (841 vs. 797) and forty-five more U.S. seniors (6.7%) matched in anesthesiology in 2011 (671 vs. 626).

The number of positions offered and filled in diagnostic radiology increased with three more positions (2.1%) offered (144 vs. 141) and three fewer positions (2.2%) filled in 2011compared with 2010 (136 vs. 139). Five fewer U.S. seniors (4.3%) matched in diagnostic radiology compared with 2010 (115 vs. 120).

Emergency medicine offered fifty-one more positions in 2011 compared with 2010 (1,607 vs. 1,556), representing an increase of 3.2%. Sixty-two more positions (3.9%) were filled in emergency medicine compared with 2010 (1,602vs. 1,540), with eighty-six more U.S. seniors (6.8%) selecting emergency medicine (1,268 vs. 1,182).

Obstetrics-gynecology offered eighteen more (1.5%) positions (1,205 vs. 1,187) and filled ten more positions (0.8%) compared with 2010 (1,192 vs. 1,182). Twenty-two fewer U.S. seniors (2.5%) chose obstetrics-gynecology in 2011 (893 vs. 915).

Surgery-categorical offered thirty-one more (2.8%) positions (1,108 vs. 1,077) and filled thirty-one more positions (2.8%) compared with 2010 (1,106 vs. 1,075). Two more U.S. seniors (0.2%) chose surgery-categorical in 2011 (897 vs. 895).

V. Discussion

The AAFP continues to track and report on the annual NRMP results as these have significant implications for physician workforce, healthcare reform, healthcare access, and healthcare policy. Healthcare outcomes are strongly linked to the availability of primary care physicians, and the shortage of primary care physicians has become critical in the United States. 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. The increased percentage of medical students matching in primary care, highest since 1998, especially family medicine, may reflect the impact of healthcare reform discussions focusing on the crucial need of a primary-care based health care system in the United States to improve access and cost-effective medical care.

Although the Match results are encouraging, student interest, however, is still not at the level it needs to be. Although the match rate in family medicine among US medical school graduates has increased, the majority of positions offered and filled in the NRMP, especially among US graduates, continue to be in non-primary care subspecialties. In its 20th Annual Report "Advancing Primary Care", the Council on Graduate Medical Education (COGME) affirms that the US physician workforce needs to be made up of "at least 40% primary care physicians" to ensure the nation's health, healthcare access, healthcare expenditures and health outcomes for the future.[1] COGME projects that to reach this 40%, 63,000 additional primary care physicians are needed. If health reform succeeds in increasing the number

of insured individuals, more than 100,000 additional primary care physicians will be needed.[1] The number of students entering family medicine is most reflective of the future physicians who will provide primary care for adults in the future. The vast majority of internal medicine residents subspecialize; only 2% of students entering an internal medicine residency choose to do general primary care after residency graduation in one study.[2]

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.[3] The 20th COGME report identifies the complex interaction of a number of factors that influence medical students to choose subspecialty careers over primary care, including compensation inequities, medical school admission policies which may disadvantage students more likely to enter primary care, career choice influences during medical school, and GME funding issues. COGME recommends payment reform to substantially increase reimbursement for primary care services, strategies to improve the premedical and medical school environment, changing GME payment and accreditation policies to increase primary care production from residency training, and addressing the geographic and socioeconomic mal-distribution of physicians.[1]

An analysis of the relationship between physician starting salaries and specialty choice found that US seniors are predominantly 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.[5] 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. COGME recommends that the average of primary care physicians' salaries should be at least 70% of median incomes of all other physicians.[1] The AAFP believes that to further increase the number of medical students choosing family medicine, health care reform efforts absolutely must achieve payment reform to increase reimbursement for family physicians. Providing compensation for other important aspects of primary care, such as care coordination and comprehensive longitudinally personalized care, as in a patient-centered medical home (PCMH), will be crucial to resolve the income disparity between family practice and subspecialty medical care.

VI. Outlook for Family Medicine

In this year's NRMP Match, 2,555 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.[6]

The general public as well as, business leaders, and decision-makers are becoming increasingly aware of 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.[7] A patient-centered medical home is an approach to providing comprehensive primary care for people of all ages and medical conditions. The Patient-Centered Primary Care collaborative succinctly outlines those joint principles: a personal physician, physician-directed medical practice, whole-person orientation, coordinated and/or integrated care across the health care system, quality and safety focus, enhanced access, and payment for PCMH added value.[8] In the past 5 years, Ontario, Canada established Family Health Team (FHT) models incorporating the joint principles of the PCMH which have demonstrated higher satisfaction among patients, higher income and more gratification for family physicians and more medical students selecting to enter family medicine.[9]

Increasing student interest in family medicine is the "pipeline" to creating and sustaining the family physician workforce of the future. In September 2008, the AAFP Board of Directors reviewed a comprehensive student interest initiative plan and approved an enhanced student interest project. The Board approved and funded four regional Stakeholder Collaboration Workshops which are being held in 2010-2011. The Workshops bring together all the stakeholders in family medicine workforce development: students, residents, residency directors, medical school faculty, state chapters, Area Health Education Centers (AHECs), Family Medicine department chairs, practicing physicians, pre-medical advisors and Family Medicine Interest Group (FMIG) faculty advisors, to improve communication among the different stakeholders, and to develop infrastructure that will facilitate continued local collaboration around student interest

The Society of Teachers of Family Medicine (STFM), the Association of Departments of Family Medicine (ADFM), the Association of Family Medicine Residency Directors (AFMRD), the North American Primary Care Group (NAPCRG), 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 that a well-trained, adequately equipped, and equitably distributed family physician workforce is the key to healthcare in the United States.

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2011 Tables

Table 1 - FAMILY MEDICINE

	2011	2010	2009	2008	2007	2006	2005	2004	2003	2002	2001
Positions Offered	2,730	2,630	2,555	2,654	2,621	2,727	2,782	2,884	2,940	2,983	3,096
Positions Filled	2,576	2,404	2,329	2,404	2,313	2,318	2,292	2,273	2,239	2,357	2,363
% Filled	94.4%	91.4%	91.2%	90.6%	88.2%	85.0%	82.4%	78.8%	76.2%	79.0%	76.3%
Filled US Seniors	1,317	1,184	1,083	1,172	1,107	1,132	1,132	1,198	1,234	1,413	1,516
% Filled US Seniors	48.2%	45.0%	42.4%	44.2%	42.2%	41.5%	40.7%	41.5%	42.0%	47.4%	49.0%

Table 2 - PEDIATRICS (All Types)

	2011	2010	2009	2008	2007	2006	2005	2004	2003	2002	2001
Positions Offered	2,585	2,526	2,509	2,496	2,451	2,407	2,388	2,384	2,349	2,341	2,290
Positions Filled	2,535	2,476	2,440	2,403	2,383	2,323	2,327	2,284	2,207	2,118	2,214
% Filled	98.1%	98.0%	97.3%	96.3%	97.2%	96.5%	97.4%	95.8%	94.0%	90.5%	96.7%
Filled US Seniors	1,821	1,766	1,756	1,679	1,775	1,750	1,748	1,684	1,663	1,642	1,771
% Filled US Seniors	70.4%	69.9%	70.0%	67.3%	72.4%	72.7%	73.2%	70.6%	70.8%	70.1%	77.3%

Table 3 - PEDIATRICS (Categorical)

	2011	2010	2009	2008	2007	2006	2005	2004	2003	2002	2001
Positions Offered	2,482	2,428	2,392	2,382	2,328	2,288	2,269	2,261	2,237	2,209	2,161
Positions Filled	2,437	2,383	2,326	2,295	2,265	2,209	2,211	2,163	2,099	1,992	2,091
% Filled	98.2%	98.1%	97.2%	96.3%	97.3%	96.5%	97.4%	95.7%	93.8%	90.2%	96.8%
Filled US Seniors	1,768	1,711	1,682	1,610	1,694	1,668	1,679	1,611	1,596	1,563	1,705
% Filled US Seniors	71.2%	70.5%	70.3%	67.6%	72.8%	72.9%	74.0%	71.3%	71.4%	70.8%	78.9%

Table 4 - PEDIATRICS (Primary)

	2011	2010	2009	2008	2007	2006	2005	2004	2003	2002	2001
Positions Offered	66	65	79	78	88	86	87	95	86	110	109
Positions Filled	66	65	79	78	86	86	87	94	84	104	105
% Filled	100%	100%	100%	100%	98%	100%	100%	98.9%	97.7%	94.5%	96.3%
Filled US Seniors	28	30	46	43	53	57	45	48	47	58	50
% Filled US Seniors	42.4%	46.2%	58.2%	55.1%	60.2%	66.3%	51.7%	50.5%	54.7%	52.7%	45.9%

Table 5 - INTERNAL MEDICINE (All Types)

	2011	2010	2009	2008	2007	2006	2005	2004	2003	2002	2001
Positions Offered	7,733	7,545	7,468	7,450	7,396	7,401	7,486	7,385	7,289	7,132	7,265
Positions Filled	7,525	7,363	7,277	7,164	7,128	7,057	7,102	6,988	6,784	6,662	6,682
% Filled	97.3%	97.6%	97.4%	96.2%	96.4%	95.4%	94.9%	94.6%	93.1%	93.4%	92.0%
Filled US Seniors	4,960	4,718	4,571	4,585	4,651	4,626	4,662	4,587	4,544	4,664	4,671
% Filled US Seniors	64.1%	62.5%	61.2%	61.5%	62.9%	62.5%	62.3%	62.1%	62.3%	65.4%	64.3%

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Table 6 - INTERNAL MEDICINE (Categorical)

	2011	2010	2009	2008	2007	2006	2005	2004	2003	2002	2001
Positions Offered	5,121	4,999	4,922	4,858	4,797	4,735	4,768	4,751	4,692	4,662	4,727
Positions Filled	5,065	4,947	4,853	4,751	4,720	4,636	4,634	4,627	4,462	4,395	4,403
% Filled	98.9%	99.0%	98.6%	97.8%	98.4%	97.9%	97.2%	97.4%	95.1%	94.3%	93.1%
Filled US Seniors	2,940	2,722	2,632	2,660	2,680	2,668	2,659	2,602	2,590	2,738	2,798
% Filled US Seniors	57.4%	54.5%	53.5%	54.8%	55.9%	56.4%	55.8%	54.8%	55.2%	58.7%	59.2%

Table 7 - INTERNAL MEDICINE (Primary Care)

	2011	2010	2009	2008	2007	2006	2005	2004	2003	2002	2001
Positions Offered	286	259	247	264	274	295	290	295	321	339	404
Positions Filled	269	243	236	254	264	284	280	284	298	321	369
% Filled	94.1%	93.8%	95.5%	96.2%	96.4%	96.3%	96.6%	96.3%	92.8%	94.7%	91.3%
Filled US Seniors	166	156	155	166	167	165	170	188	192	204	234
% Filled US Seniors	58.0%	60.2%	62.8%	62.9%	61.0%	55.9%	58.6%	63.7%	59.8%	60.2%	57.9%

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

	2011	2010	2009	2008	2007	2006	2005	2004	2003	2002	2001
Positions Offered	365	359	354	362	378	376	390	400	385	399	439
Positions Filled	362	355	339	326	345	344	340	352	317	340	385
% Filled	99.2%	98.9%	95.8%	90.1%	91.3%	91.5%	87.2%	88.0%	82.3%	85.2%	87.7%
Filled US Seniors	309	299	241	248	275	294	275	296	258	292	337
% Filled US Seniors	84.7%	83.3%	68.1%	68.5%	72.8%	78.2%	70.5%	74.0%	67.0%	73.2%	76.8%

Table 9 - INTERNAL MEDICINE (Preliminary)

	2011	2010	2009	2008	2007	2006	2005	2004	2003	2002	2001
Positions Offered	1,900	1,863	1,880	1,901	1,885	1,943	1,987	1,887	1,839	1,675	1,633
Positions Filled	1,771	1,758	1,791	1,774	1,749	1,749	1,803	1,685	1,663	1,563	1,488
% Filled	93.2%	94.4%	95.3%	93.3%	92.8%	90.0%	90.7%	89.3%	90.4%	93.3%	91.1%
Filled US Seniors	1,503	1,493	1,504	1,471	1,491	1,469	1,526	1,471	1,468	1,398	1,271
% Filled US Seniors	79.1%	80.1%	80.0%	77.4%	79.1%	75.6%	76.8%	78.0%	79.8%	83.5%	77.8%

Table 10 - TRANSITIONAL

	2011	2010	2009	2008	2007	2006	2005	2004	2003	2002	2001
Positions Offered	952	980	981	979	1,017	1,017	1,017	1,065	1,033	1,062	1,031
Positions Filled	919	945	943	957	966	972	967	990	970	977	966
% Filled	96.5%	96.4%	96.1%	97.8%	95.0%	95.6%	95.1%	93.0%	93.9%	92.0%	93.7%
Filled US Seniors	811	832	840	874	882	888	891	882	866	891	866
% Filled US Seniors	85.2%	84.9%	85.6%	89.3%	86.7%	87.3%	87.6%	82.8%	83.8%	83.9%	84.0%

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Table 11 - OBSTETRICS – GYNECOLOGY

	2011	2010	2009	2008	2007	2006	2005	2004	2003	2002	2001
Positions Offered	1,205	1,187	1,185	1,163	1,155	1,154	1,144	1,142	1,151	1,138	1,125
Positions Filled	1,192	1,182	1,179	1,151	1,149	1,130	1,083	1,066	1,050	1,067	1,040
% Filled	98.9%	99.6%	99.5%	99.0%	99.5%	97.9%	94.7%	93.3%	91.2%	93.8%	92.4%
Filled US Seniors	893	915	879	838	837	835	772	743	786	848	834
% Filled US Seniors	74.1%	77.1%	74.2%	72.1%	72.5%	72.4%	67.5%	65.1%	68.3%	74.5%	74.1%

Table 12 - ANESTHESIOLOGY

	2011	2010	2009	2008	2007	2006	2005	2004	2003	2002	2001
Positions Offered	841	797	733	666	575	552	463	443	431	392	371
Positions Filled	820	771	723	649	561	539	439	414	415	375	332
% Filled	97.5%	96.7%	98.6%	97.4%	97.6%	97.6%	94.8%	93.5%	96.3%	95.7%	89.5%
Filled US Seniors	671	626	612	524	448	451	326	322	321	307	237
% Filled US Seniors	79.8%	78.5%	83.5%	78.7%	77.9%	81.7%	70.4%	72.7%	74.5%	78.3%	63.9%

Table 13 - DIAGNOSTIC RADIOLOGY

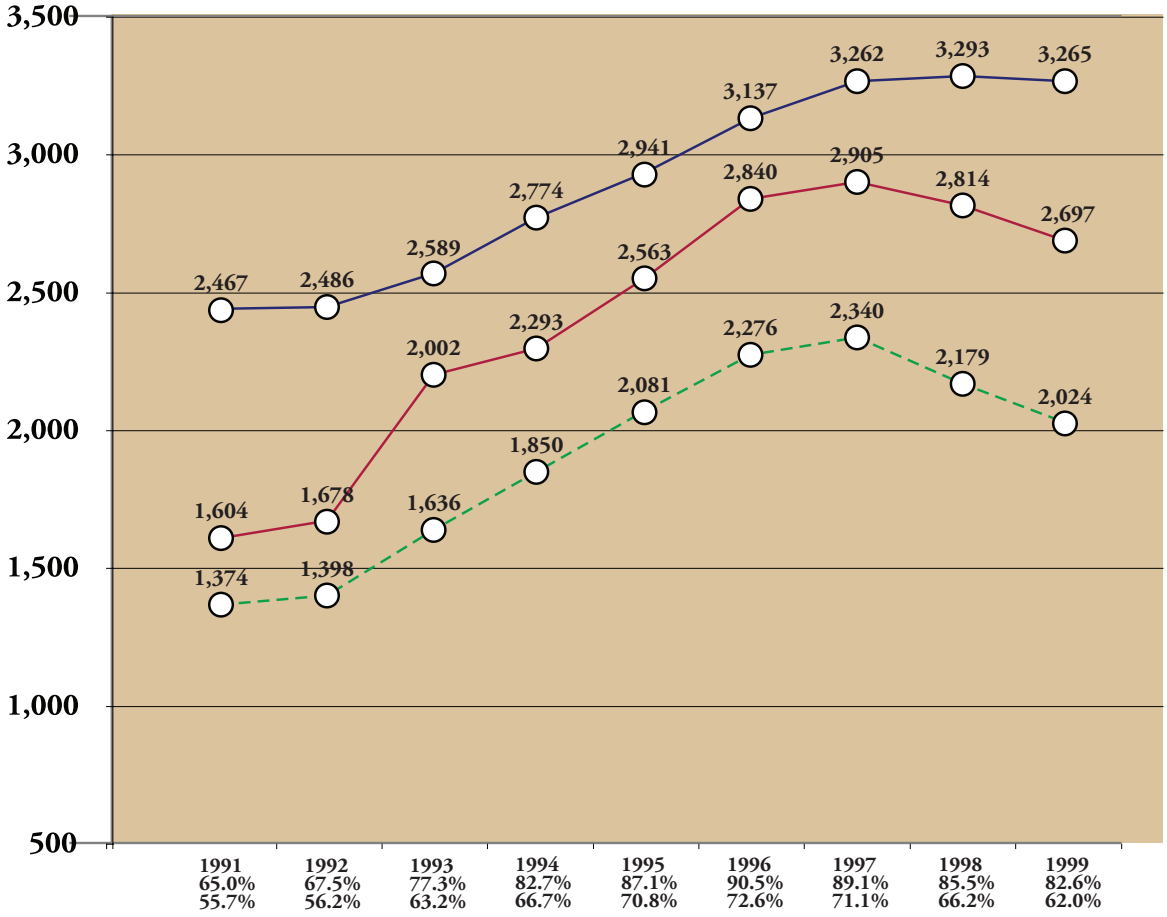
	2011	2010	2009	2008	2007	2006	2005	2004	2003	2002	2001
Positions Offered	144	141	151	157	141	129	134	126	136	132	137
Positions Filled	136	139	148	154	141	123	124	126	133	125	136
% Filled	94.4%	98.6%	98.0%	98.1%	100%	95.3%	92.5%	100%	97.8%	94.7%	99.3%
Filled US Seniors	115	120	132	135	125	105	107	121	116	108	124
% Filled US Seniors	79.9%	85.1%	87.4%	86.0%	88.7%	81.4%	79.9%	96.0%	85.3%	81.8%	90.5%

Table 14 - TOTAL POSITIONS & ACTIVE APPLICANTS*

	2011	2010	2009	2008	2007	2006	2005	2004	2003	2002	2001
Positions Offered	23,421	22,809	22,427	22,240	21,845	21,659	21,454	21,192	20,908	20,602	20,642
Positions Filled	22,386	21,749	21,340	20,940	20,514	20,072	19,760	19,392	18,806	18,447	18,354
% Filled	95.6%	95.4%	95.2%	94.2%	93.9%	92.7%	92.1%	91.5%	89.9%	89.5%	88.9%
Active Applicants*	30,589	30,543	29,888	28,737	27,944	26,715	25,348	25,246	23,965	23,459	23,981
US Senior Active Appl.	16,559	16,070	15,638	15,242	15,206	15,008	14,719	14,609	14,332	14,336	14,455
US Senior Matched	15,588	14,992	14,566	14,359	14,201	14,059	13,798	13,572	13,364	13,489	13,542
US Senior Matched/FM	1,317	1,184	1,083	1,172	1,107	1,132	1,132	1,198	1,234	1,413	1,516
FP% US Senior Act. Appl.	8.0%	7.4%	6.9%	7.7%	7.3%	7.5%	7.7%	8.2%	8.6%	9.9%	10.5%
FP% US Senior Matched	8.4%	7.9%	7.4%	8.2%	7.8%	8.1%	8.2%	8.8%	9.2%	10.5%	11.2%

Graph 1

Family Medicine Retrospective Positions Offered & Filled & U.S. Seniors in March 1991 – 2011



2011 Tables continued

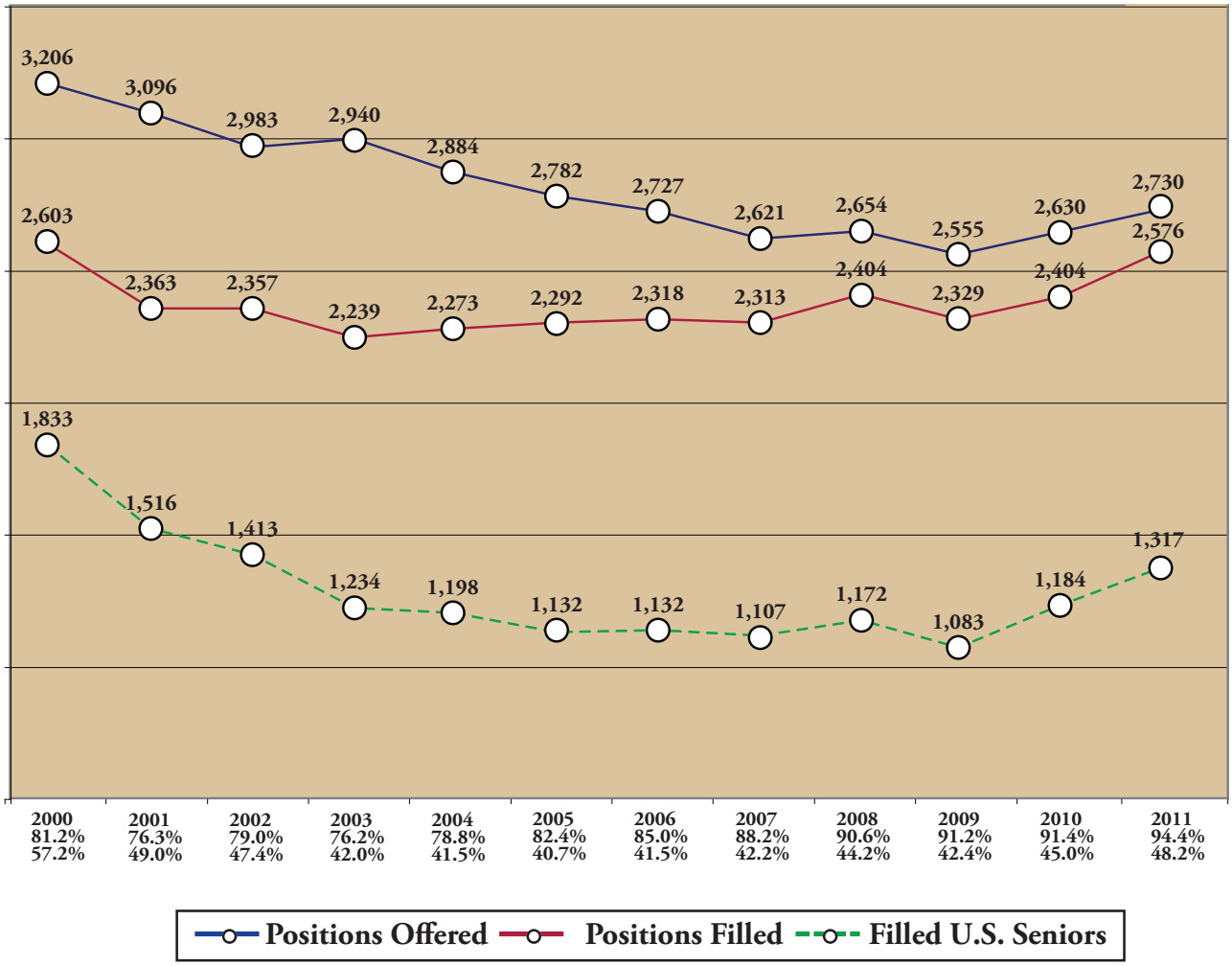
Categories of Applicants: 1996 – 2011

Year	US Seniors	Canadian	US Physicians	D.O.	5th Pathway	US-IMG	NON US-IMG
2011	54.1%	0.04%	4.5%	7.1%	0.2%	12.3%	21.8%
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%

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

Graph 1

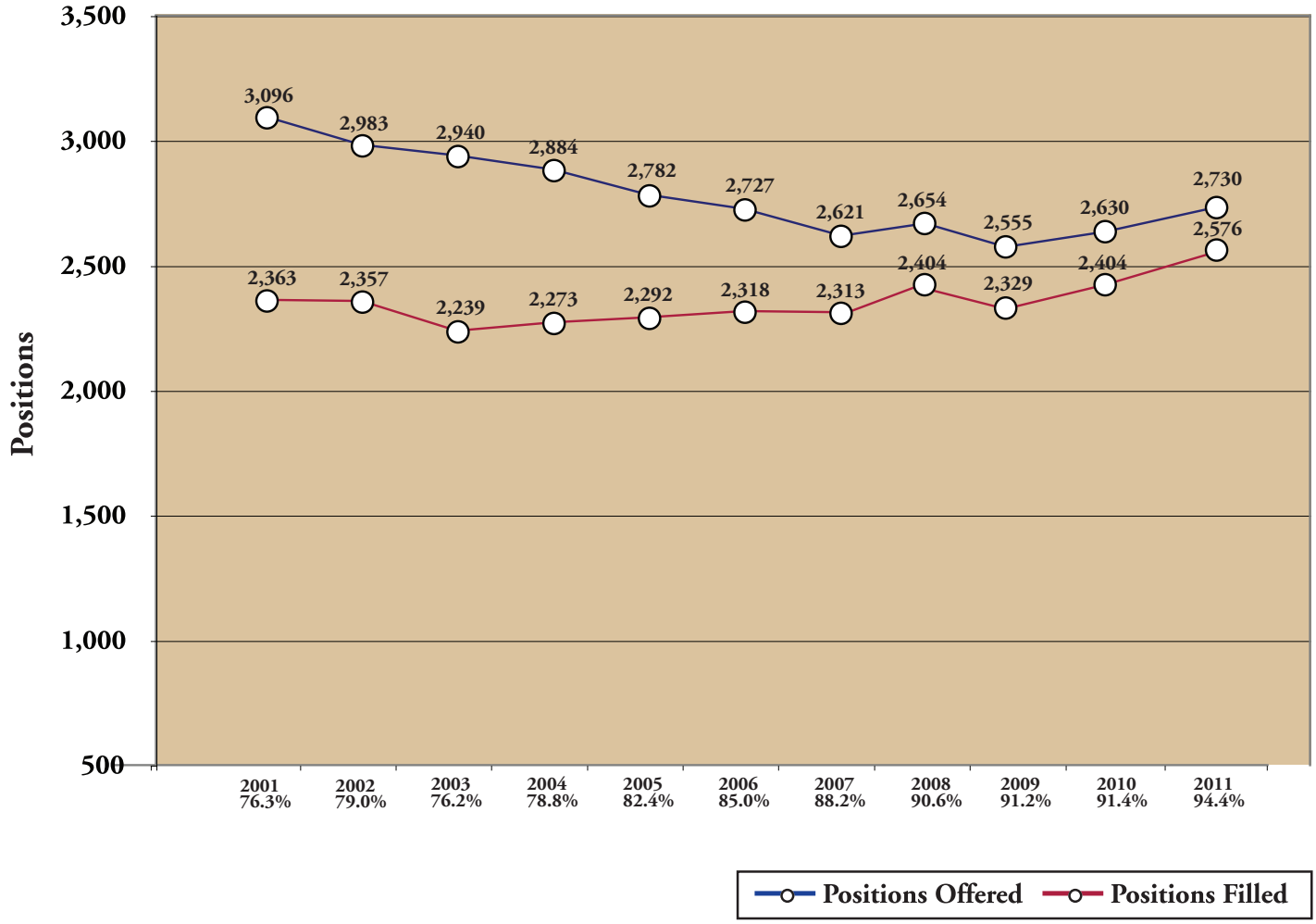
Family Medicine Retrospective Positions Offered & Filled & U.S. Seniors in March 1991 – 2011 continued



Graph 2

Family Medicine

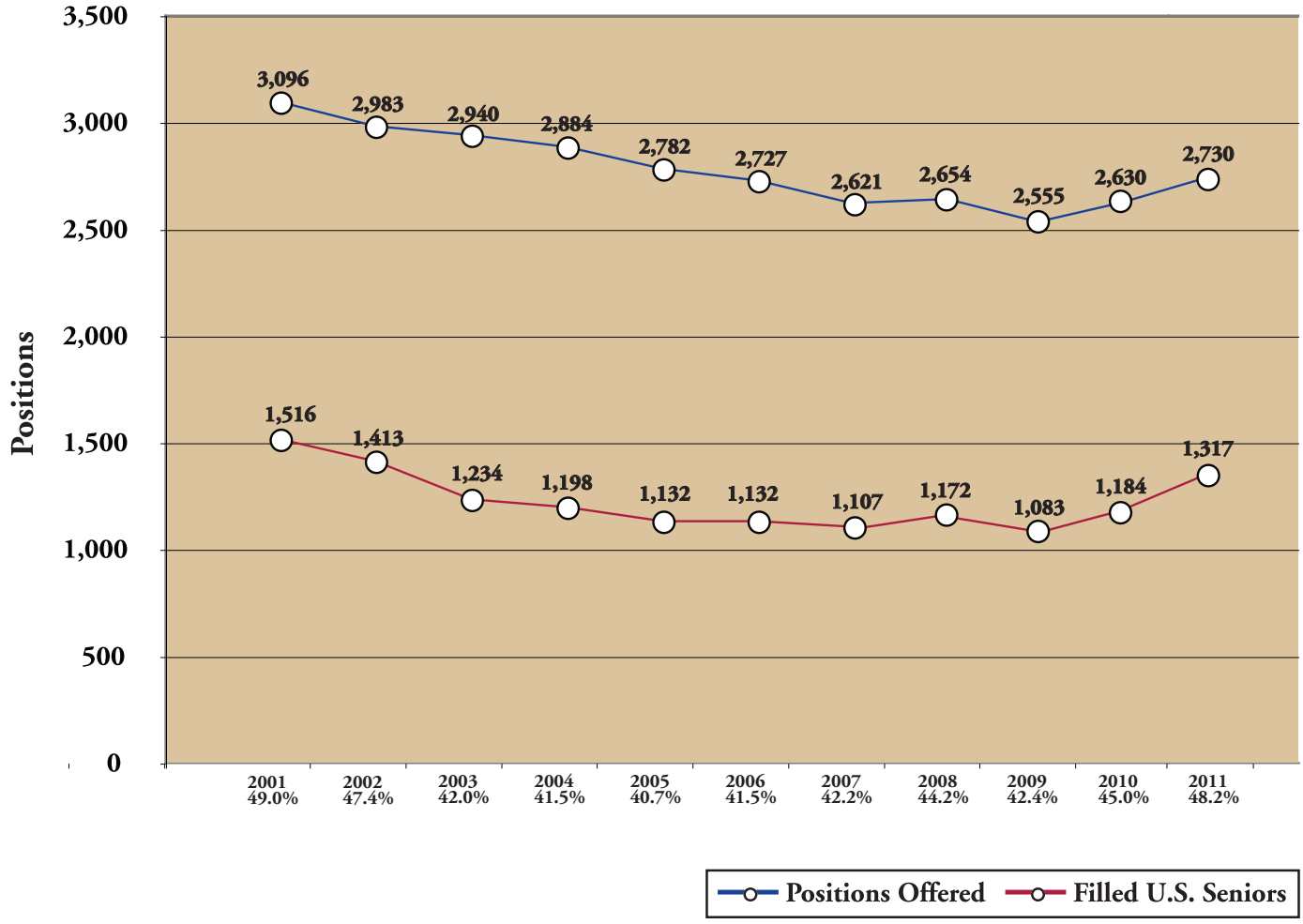
Positions Offered & Filled in March 2001 – 2011



Graph 3

Family Medicine

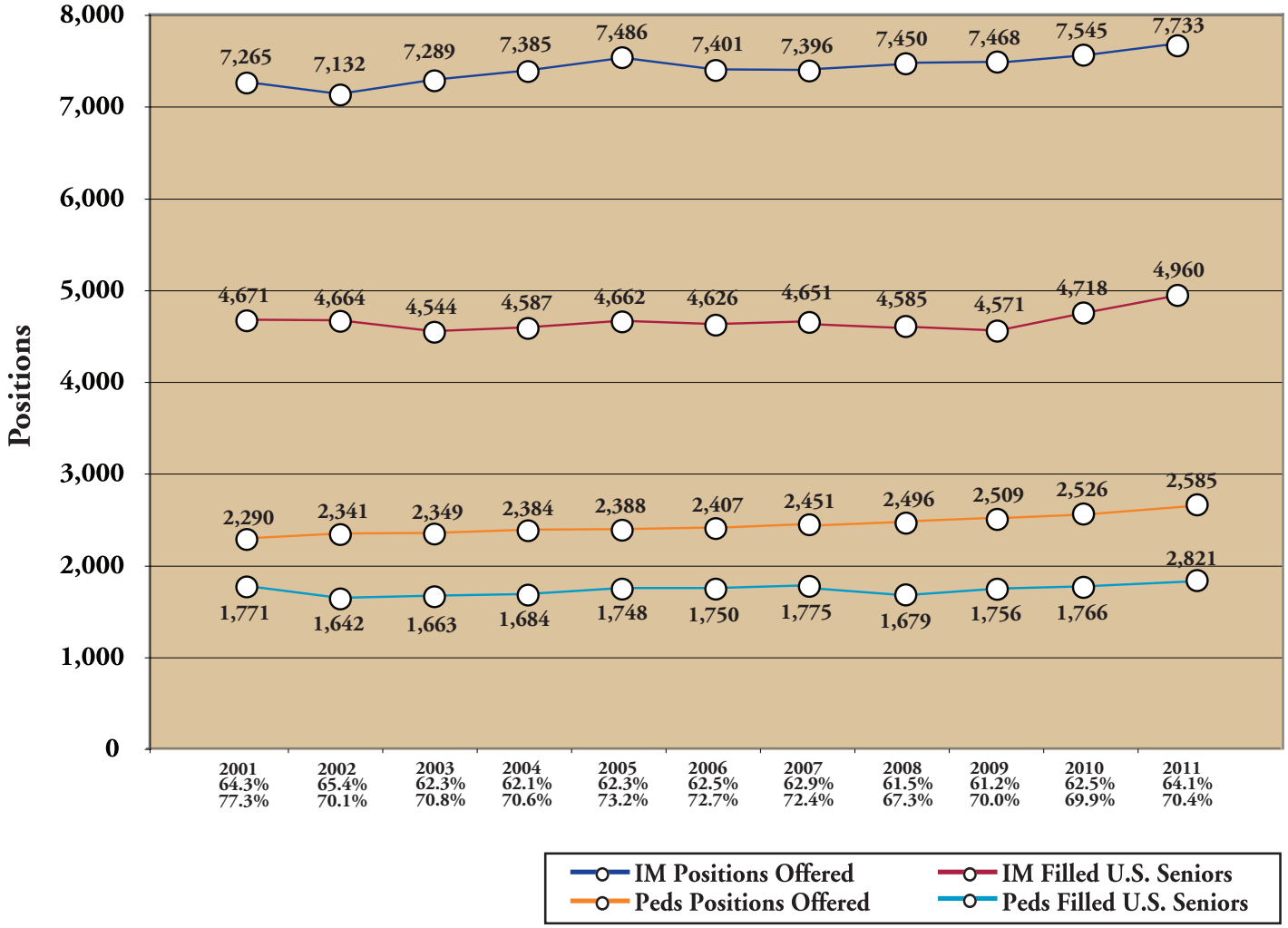
Positions Offered & Filled with U.S. Seniors in March 2001 – 2011



Graph 4

Comparison of Internal Medicine (All Types) and Pediatrics (All Types)

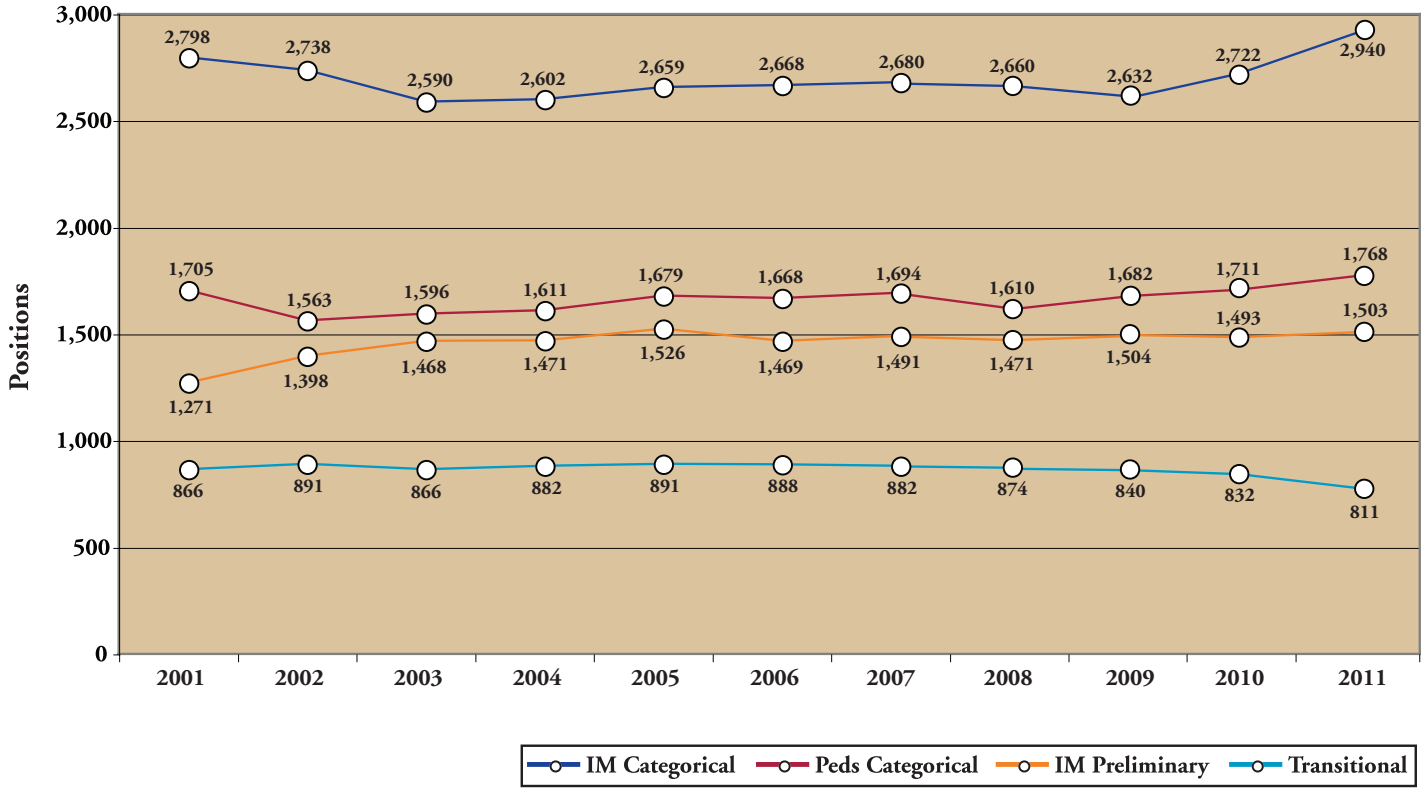
Positions Offered & Filled with U.S. Seniors in March 2001 – 2011



Graph 5

Comparison of Potentially Non-Primary Care Positions

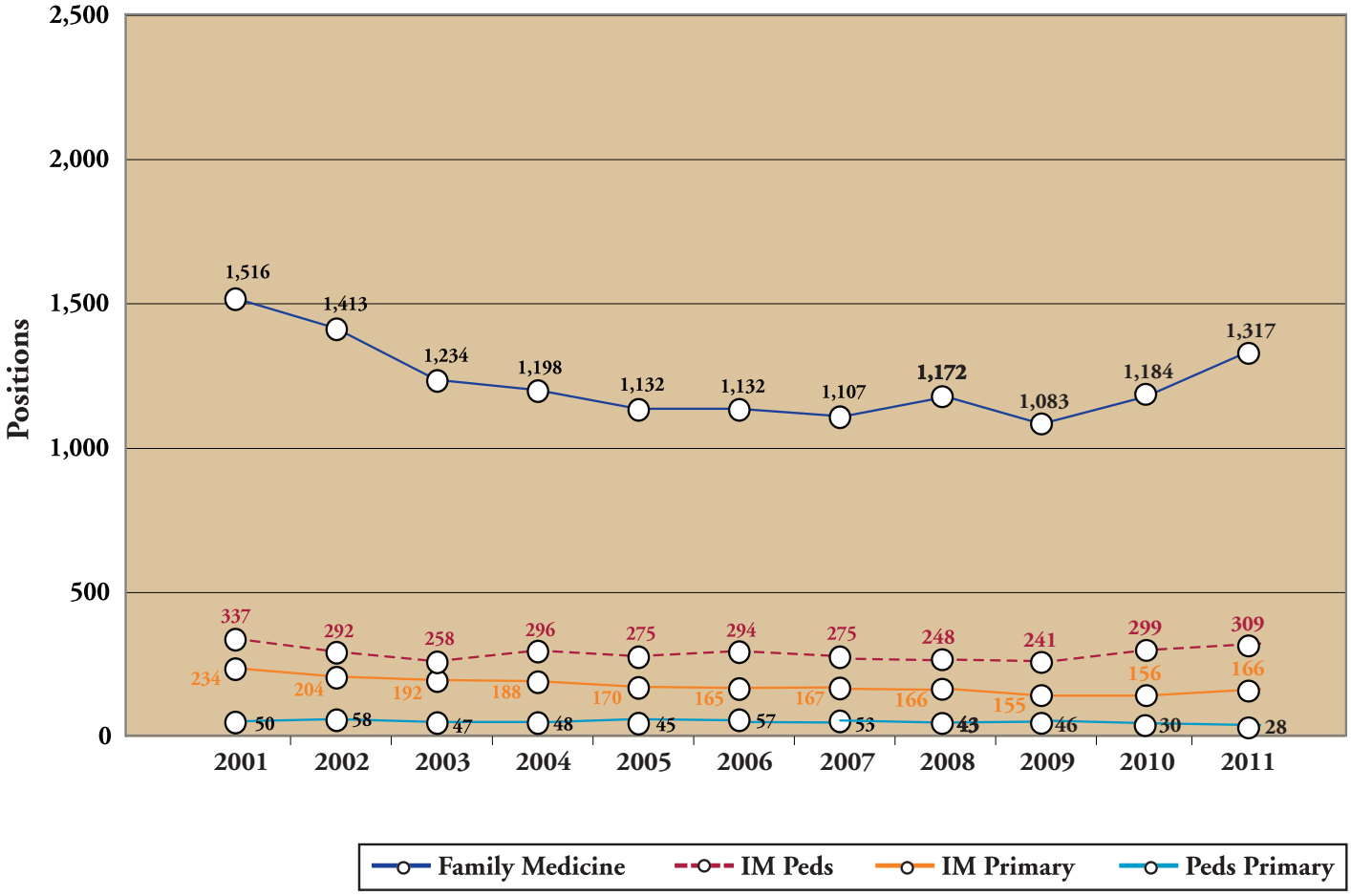
Filled with U.S. Seniors in March 2001 – 2011



Graph 6

Comparison of Primary Care Positions

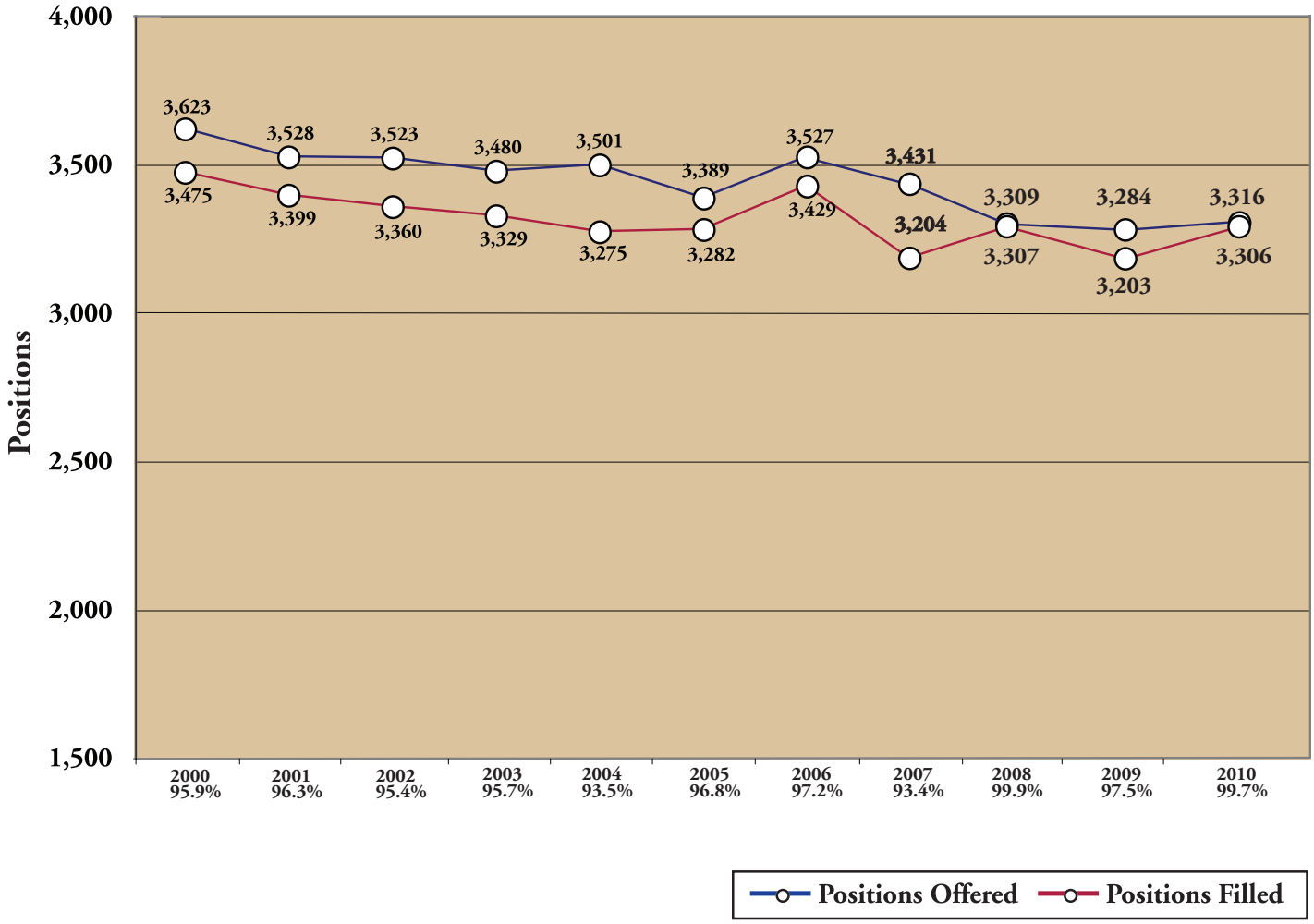
Filled with U.S. Seniors in March 2001 – 2011



Graph 7

Family Medicine

Positions Offered and Filled in July 2000 – 2010

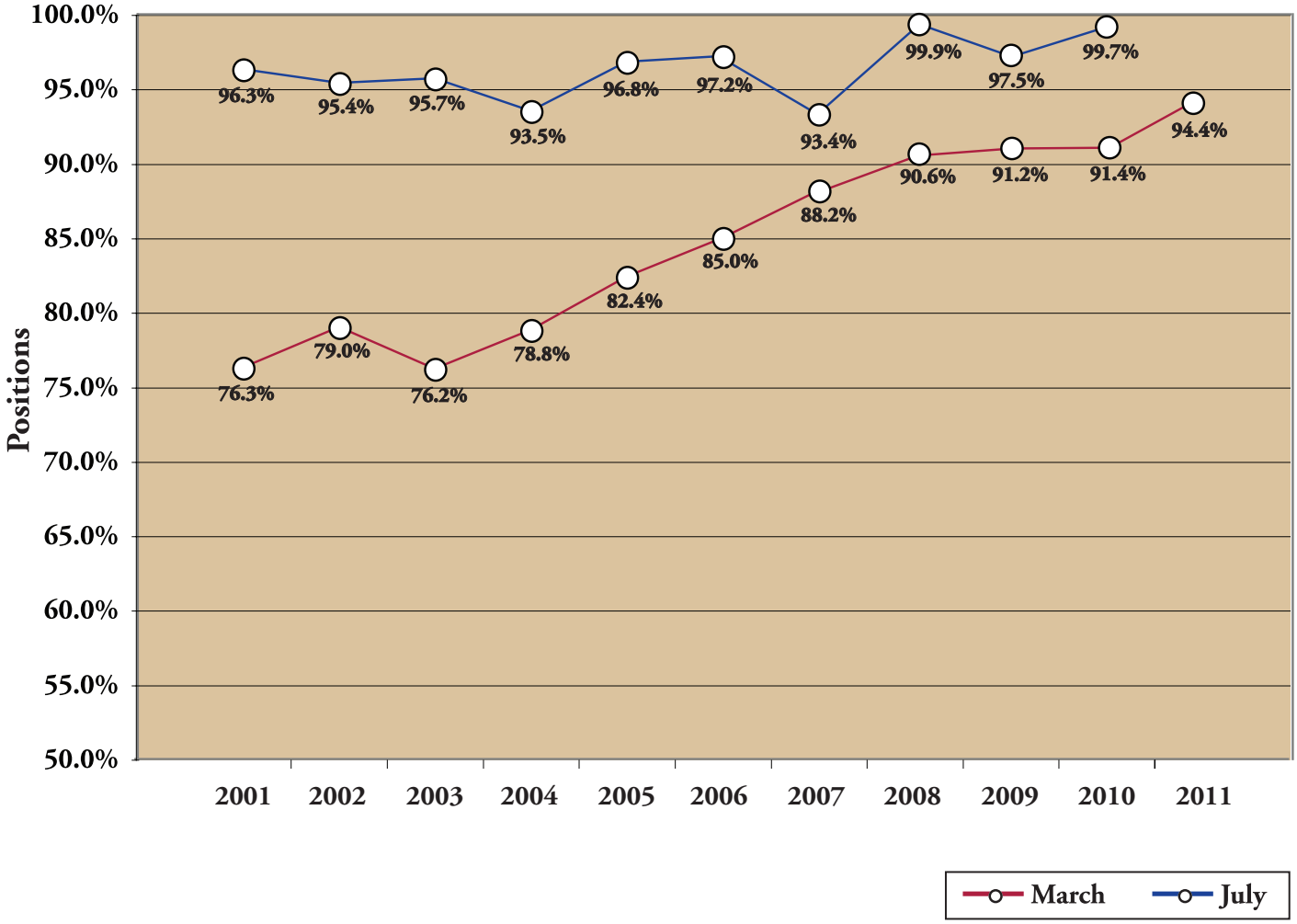


Graph 8

Family Medicine

Percent Positions Filled

2001 – 2011



Graph 9

2011 NRMP Family Medicine

Results by Regions

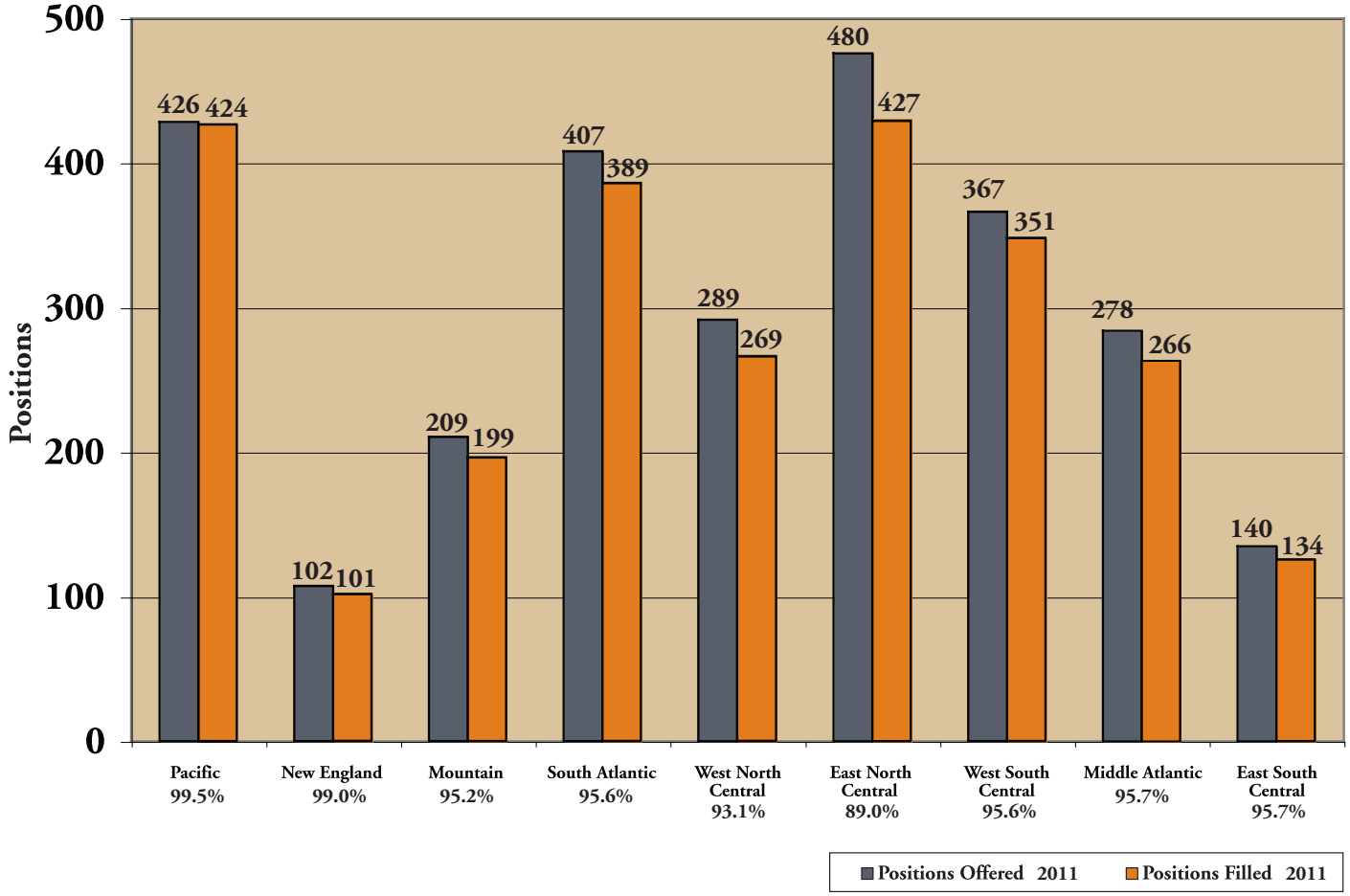


Table 15 – Comparison of 2010 – 2011 March Fill Rate in Family Medicine by Region and State

Region	Positions Offered		Positions Filled		Positions Filled %	
	2010	2011	2010	2011	2010	2011
Pacific	**405**	**426**	**395**	**424**	**97.5%**	**99.5%**
Alaska	12	10	10	10	83.0%	100.0%
California	286	299	283	298	99.0%	99.7%
Hawaii	6	6	6	6	100.0%	100.0%
Oregon	27	27	27	27	100.0%	100.0%
Washington	74	84	69	83	93.2%	98.8%
New England	**94**	**102**	**88**	**101**	**93.6%**	**99.0%**
Connecticut	16	16	16	16	100.0%	100.0%
Maine	21	22	15	22	71.4%	100.0%
Massachusetts	36	44	36	44	100.0%	100.0%
New Hampshire	5	5	5	4	100.0%	80.0%
Rhode Island	10	9	10	9	100.0%	100.0%
Vermont	6	6	6	6	100.0%	100.0%
Mountain	**193**	**209**	**186**	**199**	**96.4%**	**95.2%**
Arizona	42	40	42	40	100.0%	100.0%
Colorado	64	67	62	66	96.9%	98.5%
Idaho	17	22	17	17	100.0%	77.0%
Montana	6	7	4	7	67.0%	100.0%
Nevada	8	16	7	12	88.0%	75.0%
New Mexico	23	23	21	23	91.3%	91.3%
Utah	24	25	24	25	100.0%	100.0%
Wyoming	9	9	9	9	100.0%	100.0%
South Atlantic	**397**	**407**	**363**	**389**	**91.4%**	**95.6%**
Delaware	8	8	8	8	100.0%	100.0%
District of Columbia	12	13	12	13	100.0%	100.0%
Florida	69	70	69	68	100.0%	97.1%
Georgia	57	59	53	59	93.0%	100.0%
Maryland	14	17	12	15	86.0%	88.0%
North Carolina	78	83	66	81	84.6%	97.6%
Puerto Rico	8	8	8	8	100.0%	100.0%
South Carolina	58	65	53	61	91.4%	93.8%
Virginia	68	61	61	55	89.7%	90.2%
West Virginia	25	23	21	21	84.0%	91.3%

Comparison of 2010 – 2011 March Fill Rate in Family Medicine by Region and State

Region	Positions Offered		Positions Filled		Positions Filled %	
	2010	2011	2010	2011	2010	2011
West North Central	**274**	**289**	**241**	**269**	**88.0%**	**93.1%**
Iowa	57	54	50	51	87.7%	94.4%
Kansas	34	39	34	34	100.0%	87.2%
Minnesota	68	73	65	73	95.6%	100.0%
Missouri	53	58	48	54	90.6%	93.1%
Nebraska	34	33	24	27	70.6%	81.8%
North Dakota	15	18	15	18	100.0%	100.0%
South Dakota	13	14	5	12	38.5%	85.7%
East North Central	**481**	**480**	**401**	**427**	**83.4%**	**89.0%**
Illinois	151	144	134	142	88.7%	98.6%
Indiana	63	63	57	51	90.5%	81.0%
Michigan	99	111	86	98	86.9%	88.3%
Ohio	108	103	76	85	70.4%	82.5%
Wisconsin	60	59	48	51	80.0%	86.4%
West South Central	**343**	**367**	**318**	**351**	**92.7%**	**95.6%**
Arkansas	43	52	40	48	93.0%	92.3%
Louisiana	59	60	40	57	67.8%	95.0%
Oklahoma	43	44	43	44	100.0%	100.0%
Texas	198	211	195	202	98.5%	95.7%
Middle Atlantic	**285**	**278**	**261**	**266**	**91.6%**	**95.7%**
New Jersey	40	32	27	32	67.5%	100.0%
New York	106	111	104	106	98.1%	95.5%
Pennsylvania	139	135	130	128	93.5%	94.8%
East South Central	**139**	**140**	**131**	**134**	**94.2%**	**95.7%**
Alabama	40	40	36	38	90.0%	95.0%
Kentucky	33	31	33	31	100.0%	100.0%
Mississippi	16	18	16	16	100.0%	89.9%
Tennessee	50	51	46	49	92.0%	96.1%
TOTALS*	**2611**	**2698**	**2384**	**2559**	**91.3%**	**94.8%**

*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 100,300 physicians and medical students nationwide. It is the only medical society devoted solely to primary care.

Approximately one in four of all office visits are made to family physicians. That is 228 million office visits each year — nearly 84 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. Family medicine's cornerstone is an ongoing, personal patient-physician relationship focused on integrated care.

To learn more about the specialty of family medicine, the AAFP's positions on issues and clinical care, and for downloadable multi-media highlighting family medicine, visit www.aafp.org/media. For information about health care, health conditions and wellness, please visit the AAFP's award-winning consumer website, www.FamilyDoctor.org.

American Academy of Family Physicians
11400 Tomahawk Creek Parkway
Leawood, KS 66211-2680