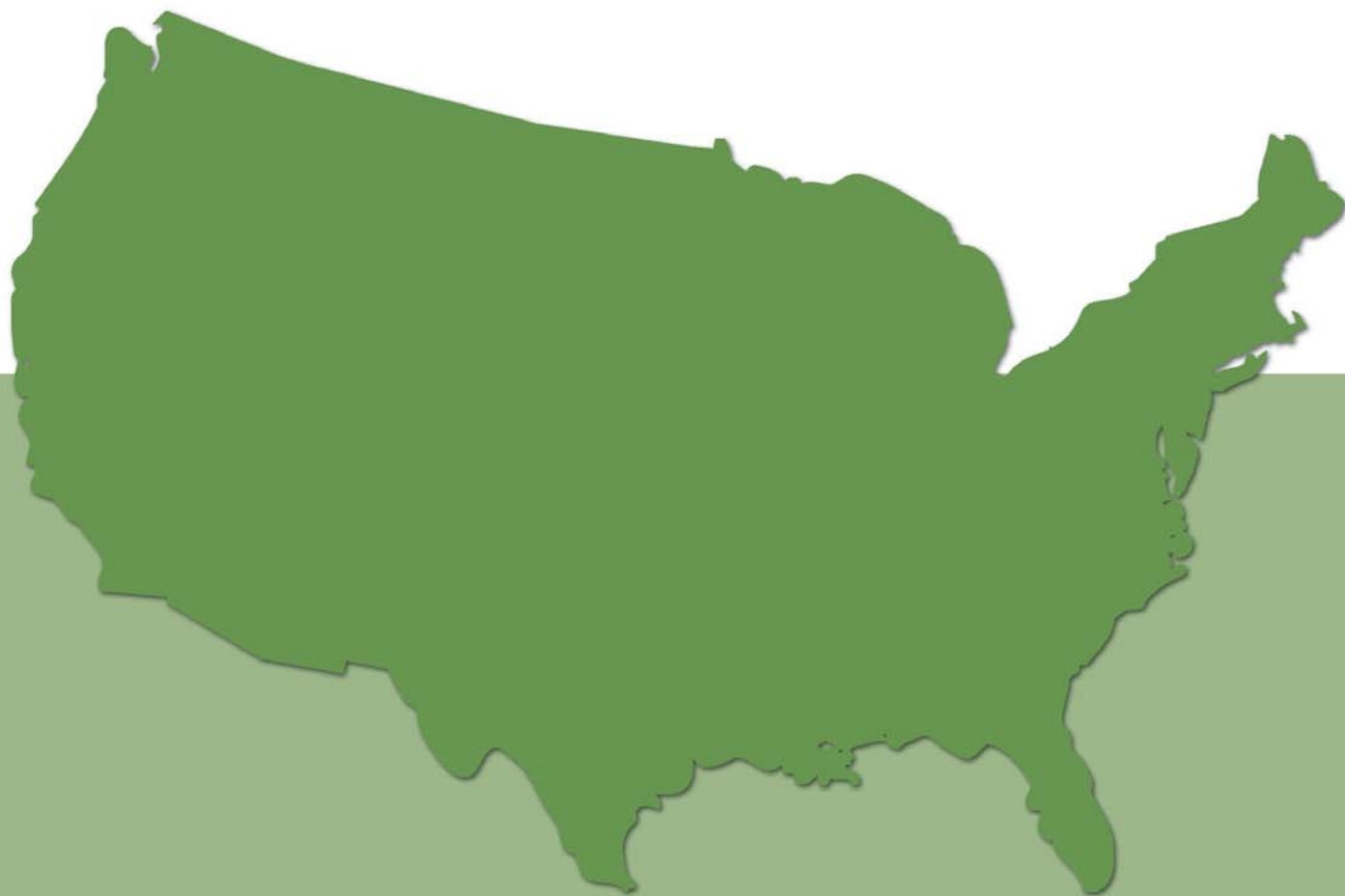


AAFP Annual Report on the

National Resident Matching Program

Data Source: NRMP

www.aafp.org/match



2009

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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 2009. The information provided includes the number of applicants to graduate medical programs for the 2009-10 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.

2009 MATCH Information Sheet

I. 2009 Family Medicine Match Results and Comparison to Recent Trends (See Table 1)

Preliminary information available from the 2009 National Resident Matching Program (NRMP) indicates that for family medicine residency programs 2,329 positions filled out of 2,555 positions offered (91.2%). This represents a decrease in the number of positions offered and filled but an increase in the percentage of family medicine residency positions filled through the NRMP over 2008. [Included in this category are family medicine-psychiatry, family medicine-emergency medicine, and family medicine-internal medicine programs.] Ninety nine fewer family medicine positions (3.9%) were offered in 2009 compared with 2008. Seventy five fewer positions (3.2%) were filled in 2009 compared with 2008 (2,329/91.2% vs. 2,404/90.6%)

Eighty nine fewer U.S. seniors (1,083 vs. 1,172) chose family medicine in 2009 compared with 2008. Slightly more U.S. seniors participated in NRMP in 2009 compared with 2008 (15,638 vs. 15,242), with a resulting decrease (7.4%) in the percentage of U.S. seniors who chose family medicine. Although 2008 marked the first time in over a decade that more U.S. seniors participating and matching through the NRMP matched into family medicine compared with the preceding year, this year there were fewer US seniors who matched into family medicine than 2007.

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

Sixty four more positions (1.3%) were offered in 2009 compared with 2008 in internal medicine-categorical (4,922 vs. 4,858). Twenty one fewer positions (1.1%) were offered in internal medicine-preliminary (1,880 vs. 1,901). Seventeen fewer positions (6.9%) were offered in 2009 in internal medicine-primary care (247 vs. 264) and eight fewer positions (2.3%) were offered in internal medicine-pediatrics (354 vs. 362). Eighteen more positions (0.2%) were offered in internal medicine-all types (7,468 vs. 7,450). Ten more positions (0.4%) were offered in pediatrics-categorical (2,392 vs. 2,382), resulting in an increase of thirteen more positions (0.5%) offered in pediatrics-all types (2,509 vs. 2,496).

One hundred and two more positions (2.1%) were filled in internal medicine-categorical in 2009 compared with 2008 (4,853 vs. 4,751), with twenty-eight fewer positions (1.0%) filled with U.S. seniors (2,632 vs. 2,660). Thirty-one more positions (0.04%) were filled in pediatrics-categorical in 2009 (2,326 vs. 2,295) and seventy-two more positions (4.3%) were filled with U.S. seniors (1,682 vs. 1,610).

Three of the categories of pediatrics and internal medicine are considered primary care. Two of those three filled with fewer U.S. seniors in 2009 when compared with 2008. Eighteen fewer positions (7.6%) were filled in internal medicine-primary compared with 2008 (236 vs. 254), with eleven fewer position (7.1%) being filled with a US senior (155 vs. 166). One more position was filled (1.3%) in pediatrics-primary in 2009 compared with 2008 (79 vs. 78), and three more (6.5%) U.S. seniors filled the available positions (46 vs. 43). Thirteen more positions (3.7%) were filled in internal medicine-pediatrics compared with 2008 (339 vs. 326), and seven fewer (2.9%) U.S. seniors chose internal medicine-pediatrics compared with the preceding year (241 vs. 248). For these three primary care specialties, nine fewer positions (1.4%) were filled in 2009 compared with 2008 (669 vs. 678), and fifteen fewer positions (3.4%) were filled with U.S. seniors (442 vs. 457).

In the 2009 NRMP, the primary care programs experienced some change in fill rate percentage compared with 2008. The fill rate for family medicine increased 0.6%, internal medicine-primary decreased

0.7%, pediatrics-primary stayed the same (100% vs. 100%) and internal medicine-pediatrics increased 5.7%.

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

Twenty-one fewer preliminary positions in internal medicine were offered in 2009 compared with 2008 (1,880 vs. 1,901), but thirteen more positions were filled in 2009 compared with 2008 (1,791 vs. 1,774). Thirty-three more U.S. seniors (2.2%) matched into internal medicine-preliminary (1,504 vs. 1,471). 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 (6.1%) in 2009 with forty-four more students choosing the specialty (723 vs. 679). Despite a small dip in 2004, the number of positions filled in anesthesiology has more than quintupled since 1996. The number of positions offered increased 9.1% (733 vs. 666) and eight-eight more U.S. seniors (14.4%) matched in anesthesiology in 2009 (612 vs. 524).

The number of positions filled in diagnostic radiology decreased with six fewer positions (4.0%) filled in 2009 compared with 2008 (151 vs. 157). Three fewer U.S. seniors (0.8%) matched in diagnostic radiology compared with 2008 (132 vs. 135). The 2008 NRMP match marked the highest number of positions filled since 1996.

Emergency medicine offered seventy-three more positions in 2009 compared with 2008 (1,472 vs. 1,399), representing an increase of 5.0%. Eighty-nine more positions (6.1%) were filled in emergency medicine compared with 2008 (1,459 vs. 1,370), with sixty-three more U.S. seniors (5.5%) selecting emergency medicine (1,146 vs. 1,083).

Obstetrics-gynecology offered twenty-two more (1.9%) positions (1,185 vs. 1,163) and filled twenty-eight more positions (2.4%) compared with 2008 (1,179 vs. 1,151). Eighty-eight more U.S. seniors (10.0%) chose obstetrics-gynecology in 2009 (879 vs. 838).

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 2006, the AAFP adopted its workforce policy to identify the number of family physicians that should be produced by 2020 in order to create and prepare the physician workforce best equipped to provide the type of care that the nation states that it wants and needs.^{1,2} The results of the 2009 NRMP Match show that medical students continue to demonstrate a preference for non-primary care specialties as evidenced by the decrease in U.S. seniors choosing family medicine, internal medicine-primary, or internal medicine-pediatrics.

The continued trend away from primary care into subspecialties is worrisome as a shortage of primary care physicians will negatively impact the nation. 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."³ 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.⁴ 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.”

Despite the clear and overwhelming evidence that speaks to the value of a primary care based healthcare system, the 2009 NRMP Match results indicate the primary care physician shortage is only going to worsen as fewer family medicine residency training slots are offered and fewer US seniors choose to become family physicians. Similarly, 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.⁵ 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.⁶ The impact of lifestyle factors and income on specialty choice are complex and difficult to isolate.⁷ 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.⁸ 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.⁹ 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.

VI. Outlook for Family Medicine

This year, 2,329 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.¹⁰

In 2006, the American Academy of Family Physicians began a national demonstration project—TransforMED—to implement the recommendations of the Future of Family Medicine. The goal of the project is to demonstrate how the family medicine model of care can concurrently improve patient access, healthcare outcomes, and physician satisfaction.¹¹ It is necessary to demonstrate to medical students that family medicine can provide great career satisfaction and financial stability.

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 are already disseminating their learnings from the project at national meetings and in peer reviewed publications. These findings will continue to guide 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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2009 Tables

Table 1 - FAMILY MEDICINE

	2009	2008	2007	2006	2005	2004	2003	2002	2001	2000	1999	1998	1997
Positions Offered	2,555	2,654	2,621	2,727	2,782	2,884	2,940	2,983	3,096	3,206	3,265	3,293	3,262
Positions Filled	2,329	2,404	2,313	2,318	2,292	2,273	2,239	2,357	2,363	2,603	2,697	2,814	2,905
% Filled	91.2%	90.6%	88.2%	85.0%	82.4%	78.8%	76.2%	79.0%	76.3%	81.2%	82.6%	85.5%	89.1%
Filled US Seniors	1,083	1,172	1,107	1,132	1,132	1,198	1,234	1,413	1,516	1,833	2,024	2,179	2,340
% Filled US Seniors	42.4%	44.2%	42.2%	41.5%	40.7%	41.5%	42.0%	47.4%	49.0%	57.2%	62.0%	66.2%	71.7%

Table 2 - PEDIATRICS (All Types)

	2009	2008	2007	2006	2005	2004	2003	2002	2001	2000	1999	1998	1997
Positions Offered	2,509	2,496	2,451	2,407	2,388	2,384	2,349	2,341	2,290	2,282	2,254	2,196	2,158
Positions Filled	2,440	2,403	2,383	2,323	2,327	2,284	2,207	2,118	2,214	2,172	2,223	2,169	2,125
% Filled	97.3%	96.3%	97.2%	96.5%	97.4%	95.8%	94.0%	90.5%	96.7%	95.2%	98.6%	98.8%	98.5%
Filled US Seniors	1,756	1,679	1,775	1,750	1,748	1,684	1,663	1,642	1,771	1,711	1,825	1,766	1,667
% Filled US Seniors	70.0%	67.3%	72.4%	72.7%	73.2%	70.6%	70.8%	70.1%	77.3%	75.0%	81.0%	80.4%	77.2%

Table 3 - PEDIATRICS (Categorical)

	2009	2008	2007	2006	2005	2004	2003	2002	2001	2000	1999	1998	1997
Positions Offered	2,392	2,382	2,328	2,288	2,269	2,261	2,237	2,209	2,161	2,144	2,104	2,070	2,019
Positions Filled	2,326	2,295	2,265	2,209	2,211	2,163	2,099	1,992	2,091	2,042	2,077	2,047	1,990
% Filled	97.2%	96.3%	97.3%	96.5%	97.4%	95.7%	93.8%	90.2%	96.8%	95.2%	98.7%	98.8%	98.6%
Filled US Seniors	1,682	1,610	1,694	1,668	1,679	1,611	1,596	1,563	1,705	1,638	1,742	1,702	1,596
% Filled US Seniors	70.3%	67.6%	72.8%	72.9%	74.0%	71.3%	71.4%	70.8%	78.9%	76.4%	82.8%	82.2%	79.0%

Table 4 - PEDIATRICS (Primary)

	2009	2008	2007	2006	2005	2004	2003	2002	2001	2000	1999	1998	1997
Positions Offered	79	78	88	86	87	95	86	110	109	116	122	107	119
Positions Filled	79	78	86	86	87	94	84	104	105	110	122	105	117
% Filled	100%	100%	98%	100%	100%	98.9%	97.7%	94.5%	96.3%	94.8%	100%	98.1%	98.3%
Filled US Seniors	46	43	53	57	45	48	47	58	50	57	63	51	54
% Filled US Seniors	58.2%	55.1%	60.2%	66.3%	51.7%	50.5%	54.7%	52.7%	45.9%	49.1%	51.6%	47.7%	45.4%

2009 Tables

Table 5 - INTERNAL MEDICINE (All Types)

	2009	2008	2007	2006	2005	2004	2003	2002	2001	2000	1999	1998	1997
Positions Offered	7,468	7,450	7,396	7,401	7,486	7,385	7,289	7,132	7,265	7,319	7,327	7,152	7,068
Positions Filled	7,277	7,164	7,128	7,057	7,102	6,988	6,784	6,662	6,682	6,721	6,717	6,585	6,511
% Filled	97.4%	96.2%	96.4%	95.4%	94.9%	94.6%	93.1%	93.4%	92.0%	91.8%	91.6%	92.1%	92.1%
Filled US Seniors	4,571	4,585	4,651	4,626	4,662	4,587	4,544	4,664	4,671	4,595	4,651	4,645	4,463
% Filled US Seniors	61.2%	61.5%	62.9%	62.5%	62.3%	62.1%	62.3%	65.4%	64.3%	62.8%	63.5%	64.9%	63.1%

Table 6 - INTERNAL MEDICINE (Categorical)

	2009	2008	2007	2006	2005	2004	2003	2002	2001	2000	1999	1998	1997
Positions Offered	4,922	4,858	4,797	4,735	4,768	4,751	4,692	4,662	4,727	4,810	4,753	4,697	4,595
Positions Filled	4,853	4,751	4,720	4,636	4,634	4,627	4,462	4,395	4,403	4,494	4,506	4,433	4,399
% Filled	98.6%	97.8%	98.4%	97.9%	97.2%	97.4%	95.1%	94.3%	93.1%	93.4%	94.8%	94.4%	95.7%
Filled US Seniors	2,632	2,660	2,680	2,668	2,659	2,602	2,590	2,738	2,798	2,800	2,863	2,930	2,820
% Filled US Seniors	53.5%	54.8%	55.9%	56.4%	55.8%	54.8%	55.2%	58.7%	59.2%	58.2%	60.2%	62.4%	61.4%

Table 7 - INTERNAL MEDICINE (Primary Care)

	2009	2008	2007	2006	2005	2004	2003	2002	2001	2000	1999	1998	1997
Positions Offered	247	264	274	295	290	295	321	339	404	473	575	565	608
Positions Filled	236	254	264	284	280	284	298	321	369	445	505	528	549
% Filled	95.5%	96.2%	96.4%	96.3%	96.6%	96.3%	92.8%	94.7%	91.3%	94.1%	87.8%	93.5%	90.3%
Filled US Seniors	155	166	167	165	170	188	192	204	234	281	347	376	386
% Filled US Seniors	62.8%	62.9%	61.0%	55.9%	58.6%	63.7%	59.8%	60.2%	57.9%	59.4%	60.3%	66.5%	63.5%

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

	2009	2008	2007	2006	2005	2004	2003	2002	2001	2000	1999	1998	1997
Positions Offered	354	362	378	376	390	400	385	399	439	446	432	456	464
Positions Filled	339	326	345	344	340	352	317	340	385	392	382	420	433
% Filled	95.8%	90.1%	91.3%	91.5%	87.2%	88.0%	82.3%	85.2%	87.7%	87.9%	88.4%	92.1%	93.3%
Filled US Seniors	241	248	275	294	275	296	258	292	337	338	347	374	387
% Filled US Seniors	68.1%	68.5%	72.8%	78.2%	70.5%	74.0%	67.0%	73.2%	76.8%	75.8%	80.3%	82.0%	83.4%

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Table 9 - INTERNAL MEDICINE (Preliminary)

	2009	2008	2007	2006	2005	2004	2003	2002	2001	2000	1999	1998	1997
Positions Offered	1,880	1,901	1,885	1,943	1,987	1,887	1,839	1,675	1,633	1,526	1,499	1,400	1,362
Positions Filled	1,791	1,774	1,749	1,749	1,803	1,685	1,663	1,563	1,488	1,341	1,275	1,178	1,101
% Filled	95.3%	93.3%	92.8%	90.0%	90.7%	89.3%	90.4%	93.3%	91.1%	87.9%	85.1%	84.1%	80.8%
Filled US Seniors	1,504	1,471	1,491	1,469	1,526	1,471	1,468	1,398	1,271	1,136	1,057	943	846
% Filled US Seniors	80.0%	77.4%	79.1%	75.6%	76.8%	78.0%	79.8%	83.5%	77.8%	74.4%	70.5%	67.4%	62.1%

Table 10 - TRANSITIONAL

	2009	2008	2007	2006	2005	2004	2003	2002	2001	2000	1999	1998	1997
Positions Offered	981	979	1,017	1,017	1,017	1,065	1,033	1,062	1,031	1,005	978	965	987
Positions Filled	943	957	966	972	967	990	970	977	966	944	922	881	864
% Filled	96.1%	97.8%	95.0%	95.6%	95.1%	93.0%	93.9%	92.0%	93.7%	93.9%	94.3%	91.3%	87.5%
Filled US Seniors	840	874	882	888	891	882	866	891	866	819	742	699	627
% Filled US Seniors	85.6%	89.3%	86.7%	87.3%	87.6%	82.8%	83.8%	83.9%	84.0%	81.5%	75.9%	72.4%	63.5%

Table 11 - OBSTETRICS – GYNECOLOGY

	2009	2008	2007	2006	2005	2004	2003	2002	2001	2000	1999	1998	1997
Positions Offered	1,185	1,163	1,155	1,154	1,144	1,142	1,151	1,138	1,125	1,119	1,127	1,125	1,157
Positions Filled	1,179	1,151	1,149	1,130	1,083	1,066	1,050	1,067	1,040	1,031	1,049	1,075	1,124
% Filled	99.5%	99.0%	99.5%	97.9%	94.7%	93.3%	91.2%	93.8%	92.4%	92.1%	93.1%	95.6%	97.1%
Filled US Seniors	879	838	837	835	772	743	786	848	834	840	905	928	998
% Filled US Seniors	74.2%	72.1%	72.5%	72.4%	67.5%	65.1%	68.3%	74.5%	74.1%	75.1%	80.3%	82.5%	86.3%

Table 12 - ANESTHESIOLOGY

	2009	2008	2007	2006	2005	2004	2003	2002	2001	2000	1999	1998	1997
Positions Offered	733	666	575	552	463	443	431	392	371	349	330	347	317
Positions Filled	723	649	561	539	439	414	415	375	332	292	255	246	197
% Filled	98.6%	97.4%	97.6%	97.6%	94.8%	93.5%	96.3%	95.7%	89.5%	83.7%	77.3%	70.9%	62.1%
Filled US Seniors	612	524	448	451	326	322	321	307	237	173	137	118	80
% Filled US Seniors	83.5%	78.7%	77.9%	81.7%	70.4%	72.7%	74.5%	78.3%	63.9%	49.6%	41.5%	34.0%	25.2%

2009 Tables

Table 13 - DIAGNOSTIC RADIOLOGY

	2009	2008	2007	2006	2005	2004	2003	2002	2001	2000	1999	1998	1997
Positions Offered	151	157	141	129	134	126	136	132	137	125	130	160	198
Positions Filled	148	154	141	123	124	126	133	125	136	125	121	120	124
% Filled	98.0%	98.1%	100%	95.3%	92.5%	100%	97.8%	94.7%	99.3%	100%	93.1%	75.0%	62.6%
Filled US Seniors	132	135	125	105	107	121	116	108	124	114	101	91	79
% Filled US Seniors	87.4%	86.0%	88.7%	81.4%	79.9%	96.0%	85.3%	81.8%	90.5%	91.2%	77.7%	56.9%	39.9%

Table 14 - TOTAL POSITIONS & ACTIVE APPLICANTS

	2009	2008	2007	2006	2005	2004	2003	2002	2001	2000	1999	1998	1997
Positions Offered	25,185	22,240	21,845	21,659	21,454	21,192	20,908	20,602	20,642	20,598	20,453	20,299	20,209
Positions Filled	24,039	20,940	20,514	20,072	19,760	19,392	18,806	18,447	18,354	18,391	18,398	18,197	18,163
% Filled	95.5%	94.2%	93.9%	92.7%	92.1%	91.5%	89.9%	89.5%	88.9%	89.3%	90.0%	89.6%	89.9%
Active Applicants*	29,890	28,737	27,944	26,715	25,348	25,246	23,965	23,459	23,981	25,056	26,462	26,360	26,323
US Senior Active Appl.	15,638	15,242	15,206	15,008	14,719	14,609	14,332	14,336	14,455	14,358	14,607	14,610	14,614
US Senior Matched	14,566	14,359	14,201	14,059	13,798	13,572	13,364	13,489	13,542	13,485	13,707	13,656	13,554
US Senior Matched/FM	1,083	1,172	1,107	1,132	1,132	1,198	1,234	1,413	1,516	1,833	2,024	2,179	2,340
FP% US Senior Act. Appl.	6.9%	7.7%	7.3%	7.5%	7.7%	8.2%	8.6%	9.9%	10.5%	12.8%	13.9%	14.9%	16.0%
FP% US Senior Matched	7.4%	8.2%	7.8%	8.1%	8.2%	8.8%	9.2%	10.5%	11.2%	13.6%	14.8%	16.0%	17.3%

2009 NRMP Results

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

*Categories of applicants in 2009: 52.3% US Seniors, 0.12% Canadian, 4.1% US Physicians, 6.7% D.O., 0.3% 5th Pathway, 11.3% US-IMG, & 25.0% Non US-IMG

*Categories of applicants in 2008: 53.0% US Seniors, 0.13% Canadian, 4.1% US Physicians, 6.5% D.O., 0.3% 5th Pathway, 10.3% US-IMG, & 25.5% Non US-IMG

*Categories of applicants in 2007: 54.4% US Seniors, 0.2% Canadian, 4.5% US Physicians, 5.9% D.O., 0.3% 5th Pathway, 9.6% US-IMG, & 25% Non US-IMG

*Categories of applicants in 2006: 56.2% US Seniors, 0.3% Canadian, 4.5% US Physicians, 5.6% D.O., 0.2% 5th Pathway, 9.1% US-IMG, & 24.1% Non US-IMG

*Categories of applicants in 2005: 58.1% US Seniors, 0.3% Canadian, 5.0% US Physicians, 6.0% D.O., 0.4% 5th Pathway, 8.3% US-IMG, & 21.9% Non US-IMG

*Categories of applicants in 2004: 57.8% US Seniors, 0.3% Canadian, 4.8% US Physicians, 6.2% D.O., 0.4% 5th Pathway, 8.0% US-IMG, & 22.5% Non US-IMG

*Categories of applicants in 2003: 59.8% US Seniors, 0.3% Canadian, 4.2% US Physicians, 5.9% D.O., 0.5% 5th Pathway, 8.3% US-IMG, & 21.0% Non US-IMG

*Categories of applicants in 2002: 61.1% US Seniors, 0.4% Canadian, 4.3% US Physicians, 5.6% D.O., 0.5% 5th Pathway, 8.7% US-IMG & 19.4% Non US-IMG.

*Categories of applicants in 2001: 60.3% US Seniors, 0.3% Canadian, 4.1% US Physicians, 5.2% D.O., 0.4% 5th Pathway, 8.3% US-IMG & 21.3% Non US-IMG.

*Categories of applicants in 2000: 57.3% US Seniors, 0.3% Canadian, 3.8% US Physicians, 4.6% D.O., 0.2% 5th Pathway, 8.7% US-IMG, & 25.1% Non US-IMG

*Categories of applicants in 1999: 55.1% US Seniors, 0.3% Canadian, 3.6% US Physicians, 3.7% D.O., 0.2% 5th Pathway, 6.9% US-IMG, & 30.1% Non US-IMG

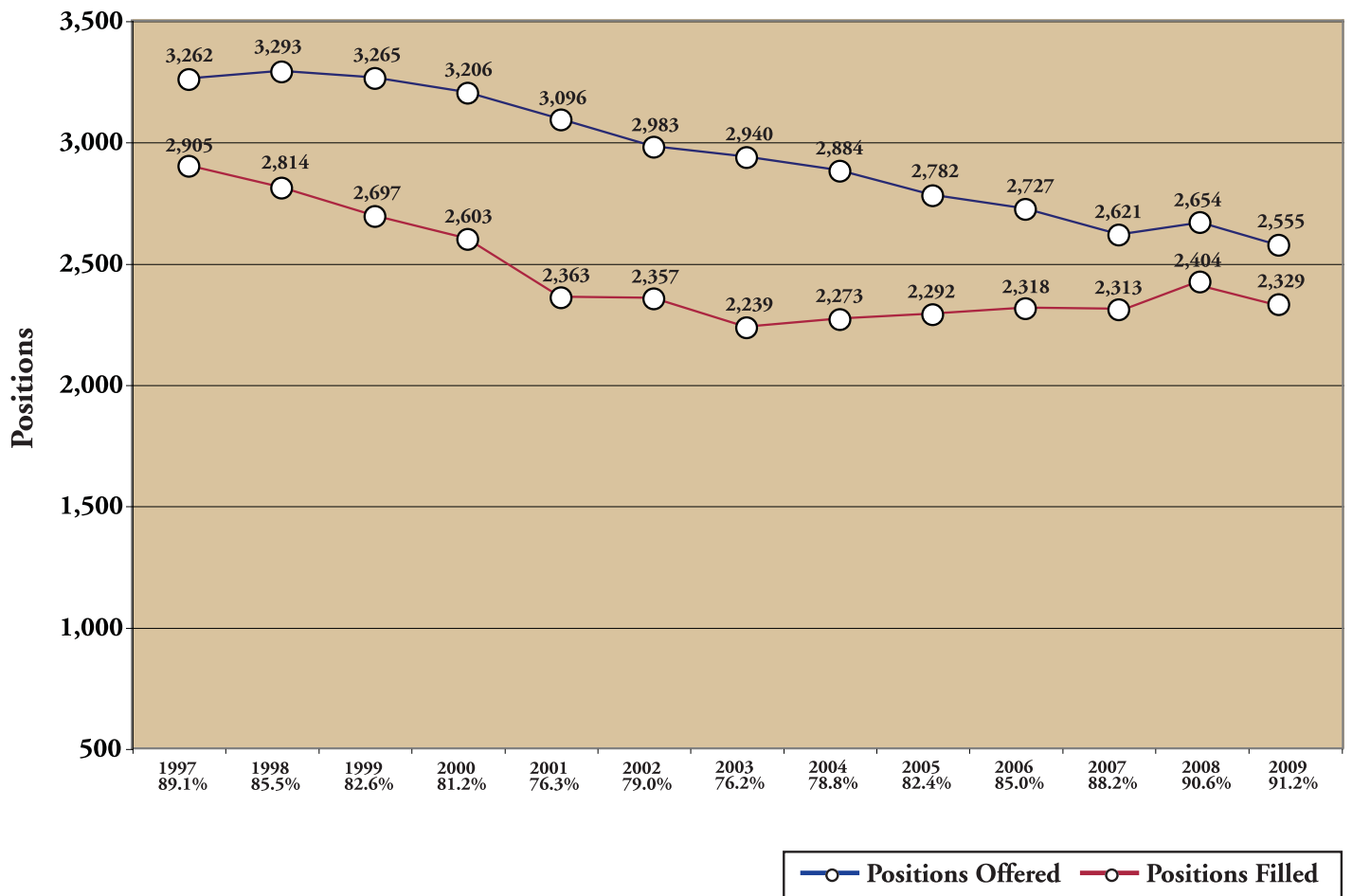
*Categories of applicants in 1998: 55.4% US Seniors, 0.3% Canadian, 4.2% US Physicians, 3.4% D.O., 0.1% 5th Pathway, 6.4% US-IMG, & 30.2% Non US-IMG

*Categories of applicants in 1997: 55.5% US Seniors, 0.3% Canadian, 4.8% US Physicians, 3.0% D.O., 0.1% 5th Pathway, 5.6% US-IMG, & 30.7% Non US-IMG

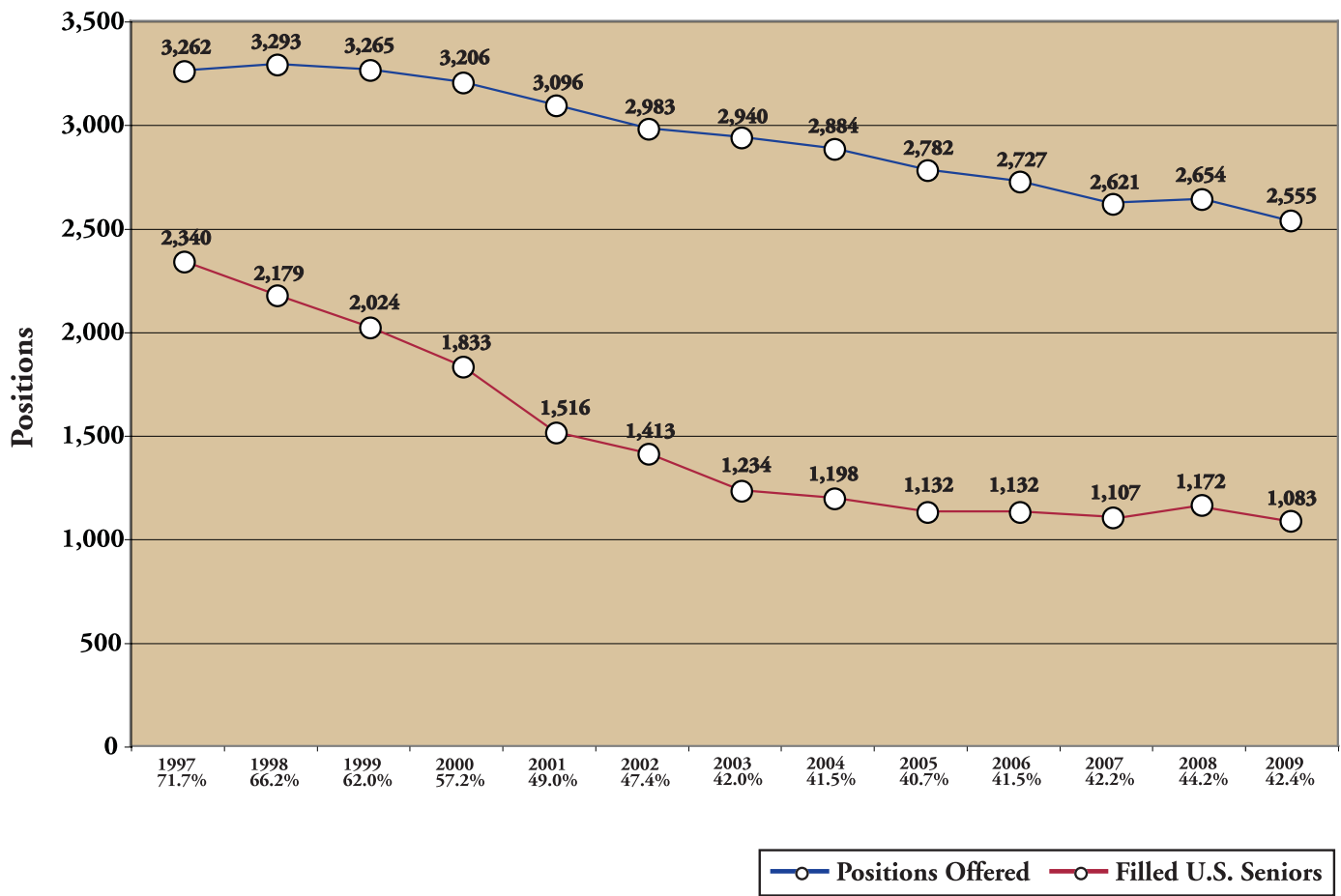
*Categories of applicants in 1996: 58.8% US Seniors, 0.4% Canadian, 4.7% US Physicians, 3.2% D.O., 0.1% 5th Pathway, 3.9% US-IMG, & 28.9% Non US-IMG

*Categories of applicants in 1995: 63.7% US Seniors, 0.5% Canadian, 4.9% US Physicians, 3.3% D.O., 0.1% 5th Pathway, 3.2% US-IMG, & 24.3% Non US-IMG

Graph 1
Family Medicine
Positions Offered & Filled
in March 1997 – 2009

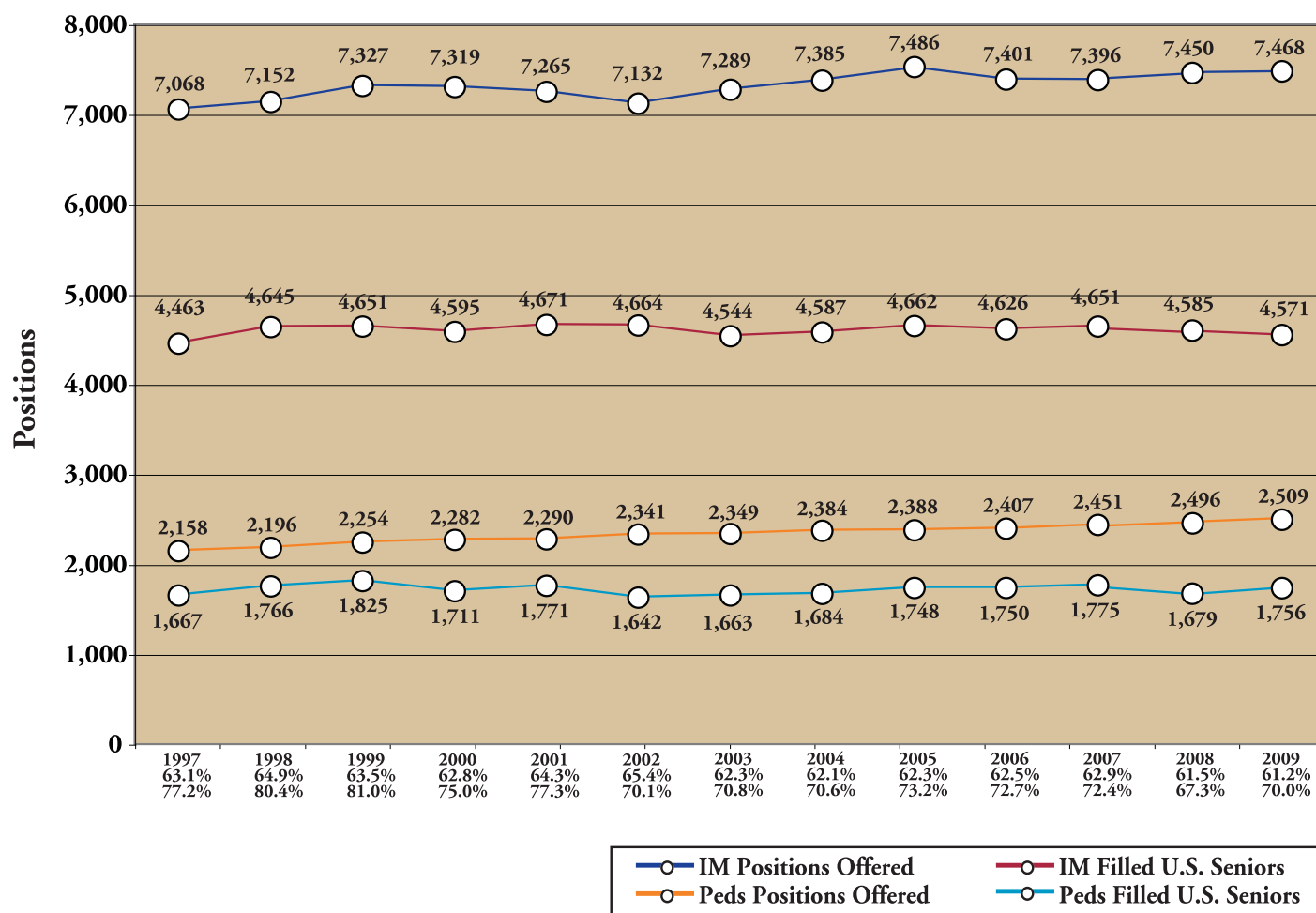


Graph 2
Family Medicine
Positions Offered & Filled with U.S. Seniors
in March 1997 – 2009



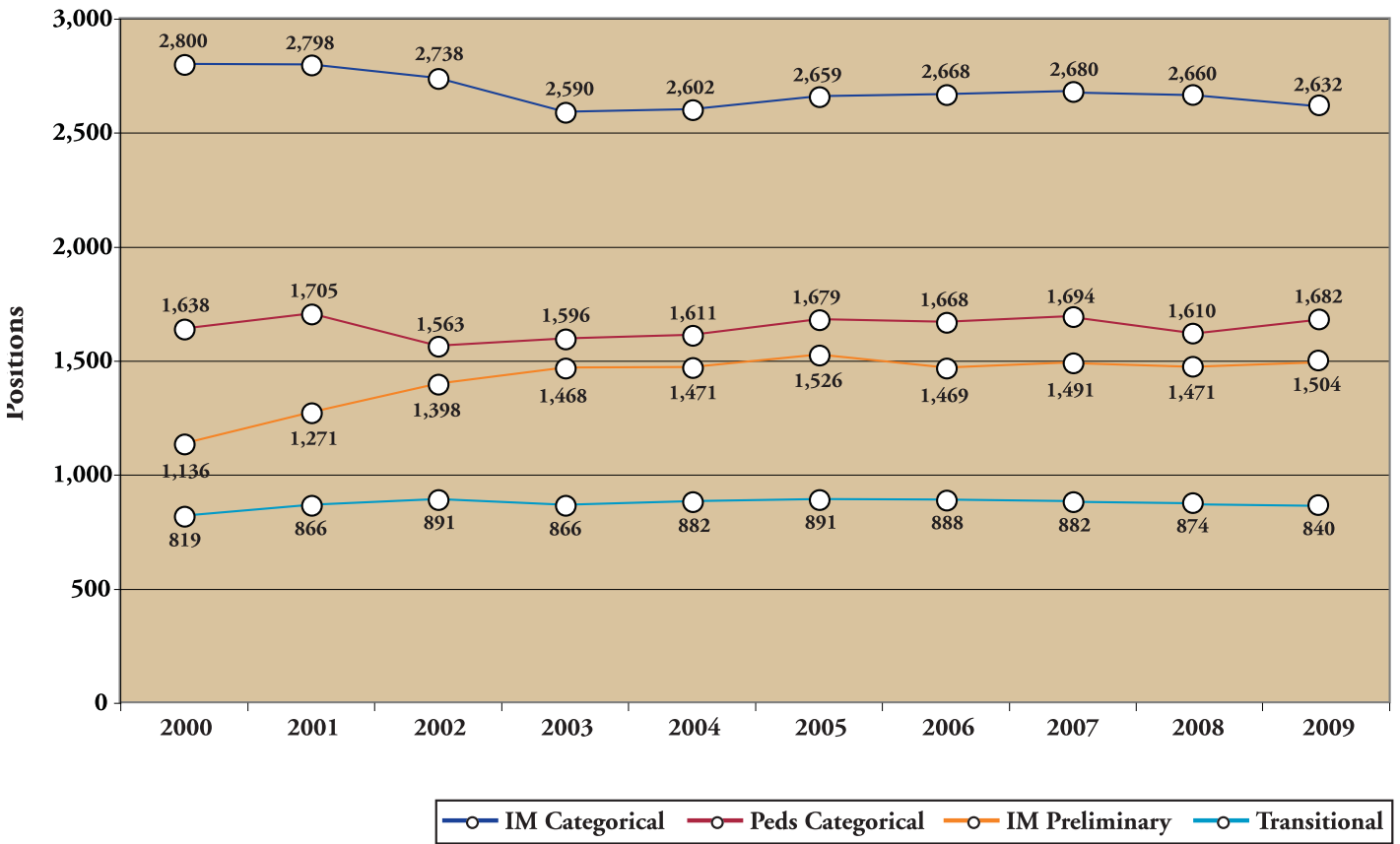
Graph 3

Comparison of Internal Medicine (All Types) and Pediatrics (All Types) Positions Offered & Filled with U.S. Seniors in **March** 1997 – 2009



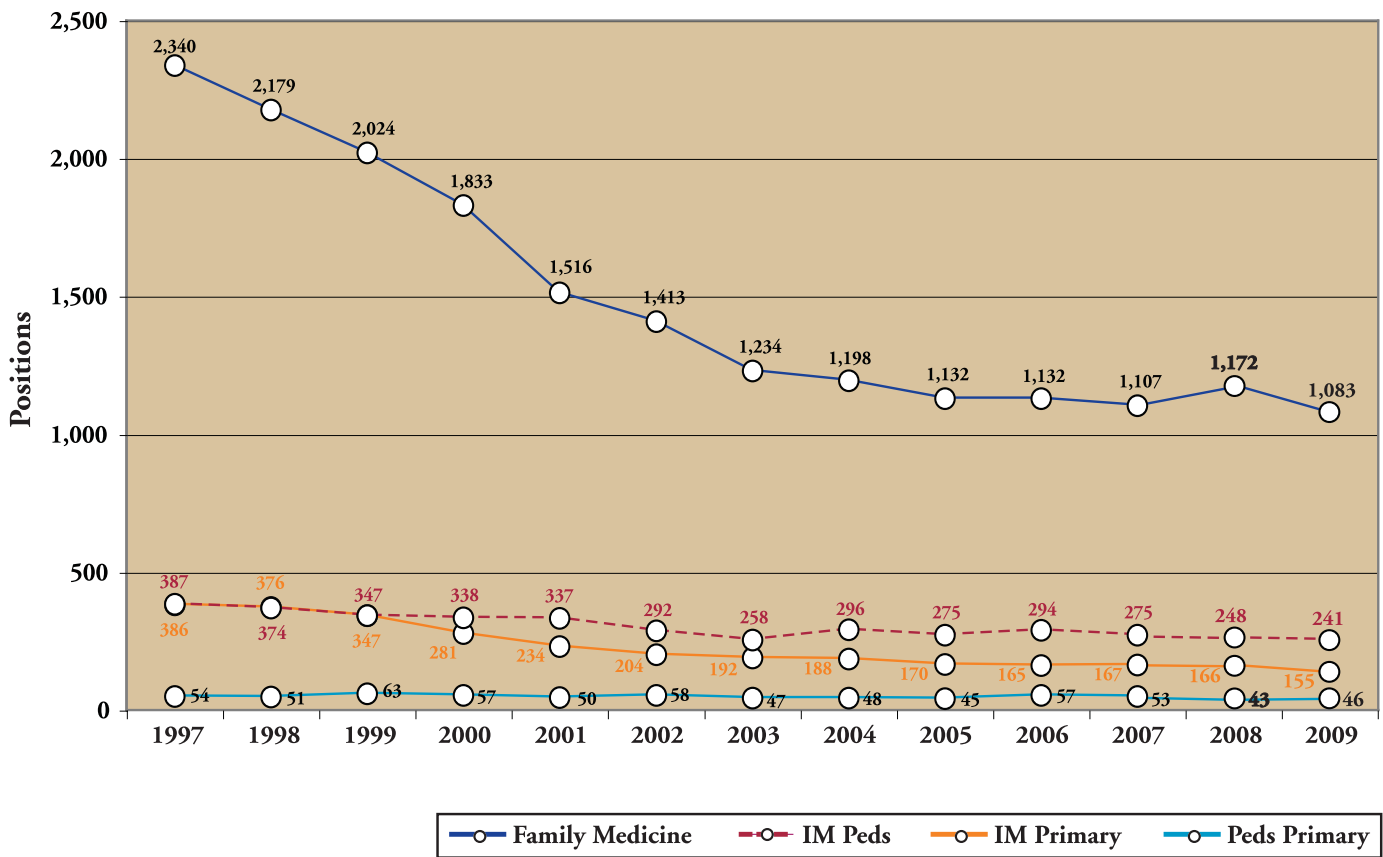
Graph 4

Comparison of Potentially Non-Primary Care Positions Filled with U.S. Seniors in March 2000 – 2009

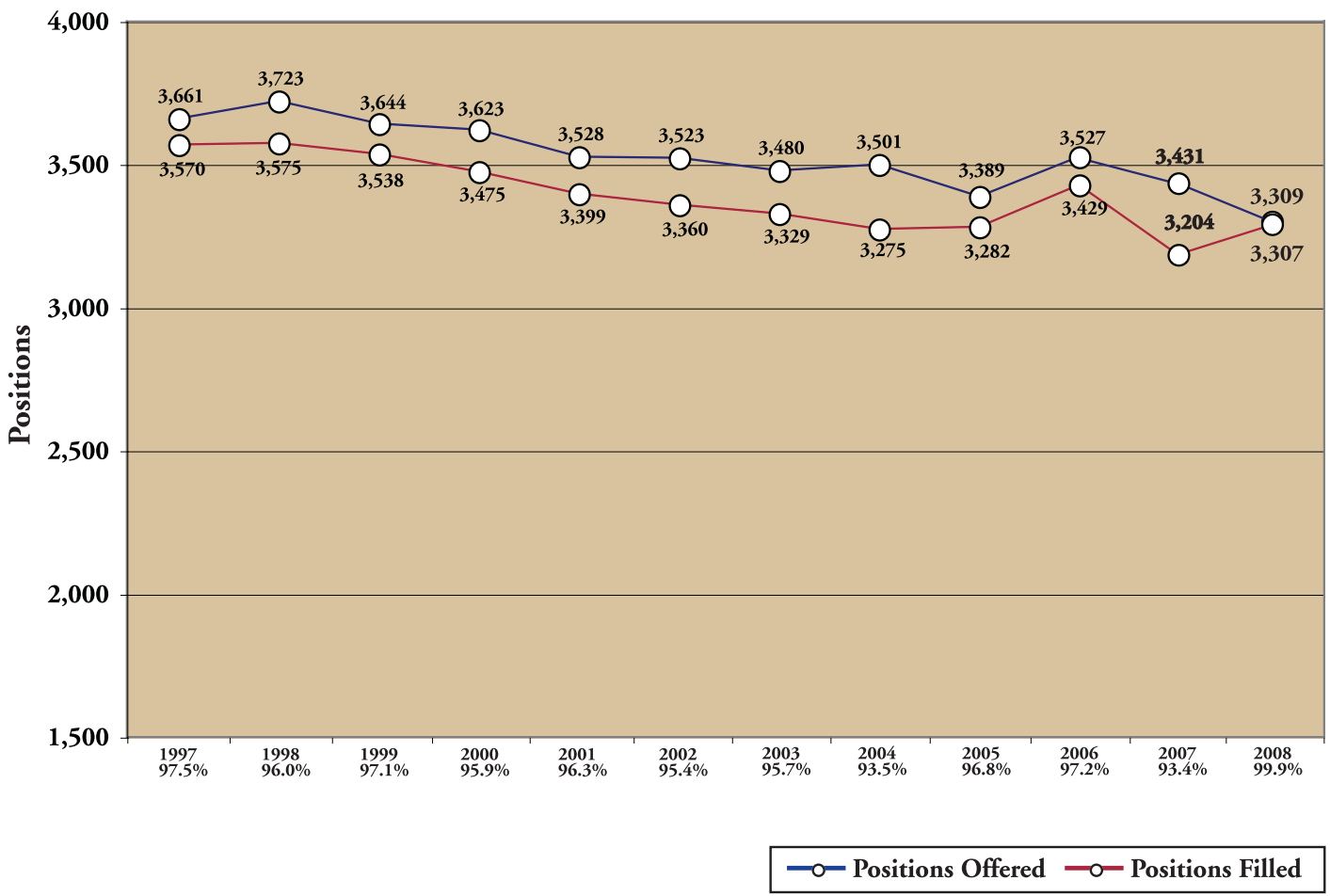


Graph 5

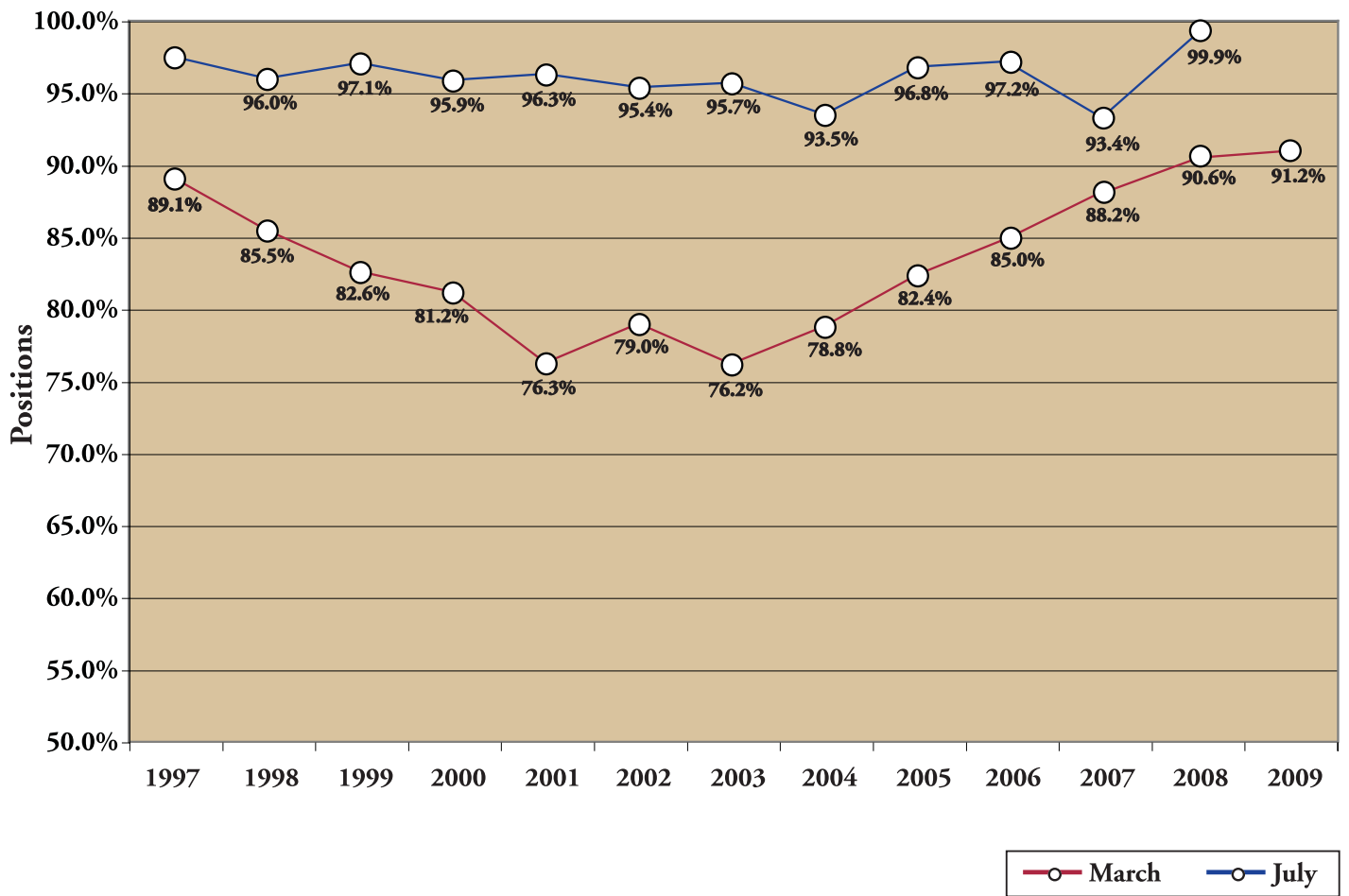
Comparison of Primary Care Positions Filled with U.S. Seniors in March 1997 – 2009



Graph 6
Family Medicine
Positions Offered and Filled
in July 1997 – 2008



Graph 7
Family Medicine
Percent Positions Filled
1997 – 2009



Comparison of 2008 – 2009 March Fill Rate in Family Medicine by Region and State

Region	Positions Offered		Positions Filled		Positions Filled %	
	2008	2009	2008	2009	2008	2009
Pacific	400	394	394	366	98.5%	92.9%
Alaska	10	9	10	9	100.0%	100.0%
California	284	280	278	252	97.9%	90.0%
Hawaii	6	6	6	6	100.0%	100.0%
Oregon	27	25	27	25	100.0%	100.0%
Washington	73	74	73	74	100.0%	100.0%
New England	93	95	91	91	97.8%	95.8%
Connecticut	16	17	16	15	100.0%	88.2%
Maine	19	22	19	20	100.0%	90.9%
Massachusetts	36	35	36	35	100.0%	100.0%
New Hampshire	7	4	5	4	71.0%	100.0%
Rhode Island	9	11	9	11	100.0%	100.0%
Vermont	6	6	6	6	100.0%	100.0%
Mountain	187	187	179	173	95.7%	92.5%
Arizona	43	39	43	32	100.0%	82.1%
Colorado	61	63	58	57	95.1%	90.5%
Idaho	18	19	16	19	89.0%	100.0%
Montana	6	6	6	6	100.0%	100.0%
Nevada	8	6	8	5	100.0%	83.0%
New Mexico	17	17	14	17	82.4%	100.0%
Utah	23	25	23	25	100.0%	100.0%
Wyoming	11	12	11	12	100.0%	100.0%

Comparison of 2008 – 2009 March Fill Rate in Family Medicine by Region and State

Region	Positions Offered		Positions Filled		Positions Filled %	
	2008	2009	2008	2009	2008	2009
South Atlantic	395	383	350	354	88.6%	92.4%
Delaware	6	10	4	9	66.7%	90.0%
District of Columbia	12	12	12	12	100.0%	100.0%
Florida	77	70	71	70	92.2%	100.0%
Georgia	55	55	55	53	100.0%	96.4%
Maryland	15	13	10	10	67.0%	77.0%
North Carolina	79	80	66	71	83.5%	88.8%
Puerto Rico	8	8	8	8	100.0%	100.0%
South Carolina	58	55	53	44	91.4%	80.0%
Virginia	65	60	56	58	86.2%	96.7%
West Virginia	20	20	15	19	75.0%	95.0%
West North Central	288	270	238	240	82.6%	88.9%
Iowa	60	54	46	53	76.7%	98.1%
Kansas	36	33	31	29	86.1%	87.9%
Minnesota	71	67	64	64	90.1%	95.5%
Missouri	52	52	49	44	94.2%	84.6%
Nebraska	36	33	24	24	66.7%	72.7%
North Dakota	17	16	12	16	71.0%	100.0%
South Dakota	16	15	12	10	75.0%	67.7%
East North Central	495	469	433	410	87.5%	87.4%
Illinois	148	137	142	130	95.9%	94.9%
Indiana	66	61	58	53	87.9%	86.9%
Michigan	101	99	90	88	89.1%	88.9%
Ohio	116	114	85	91	73.3%	79.8%
Wisconsin	64	58	58	48	90.6%	82.8%
West South Central	339	328	308	298	90.9%	90.9%
Arkansas	38	35	33	28	86.8%	80.0%
Louisiana	54	55	42	47	77.8%	85.5%
Oklahoma	46	37	37	33	80.4%	89.2%
Texas	201	201	196	190	97.5%	94.5%

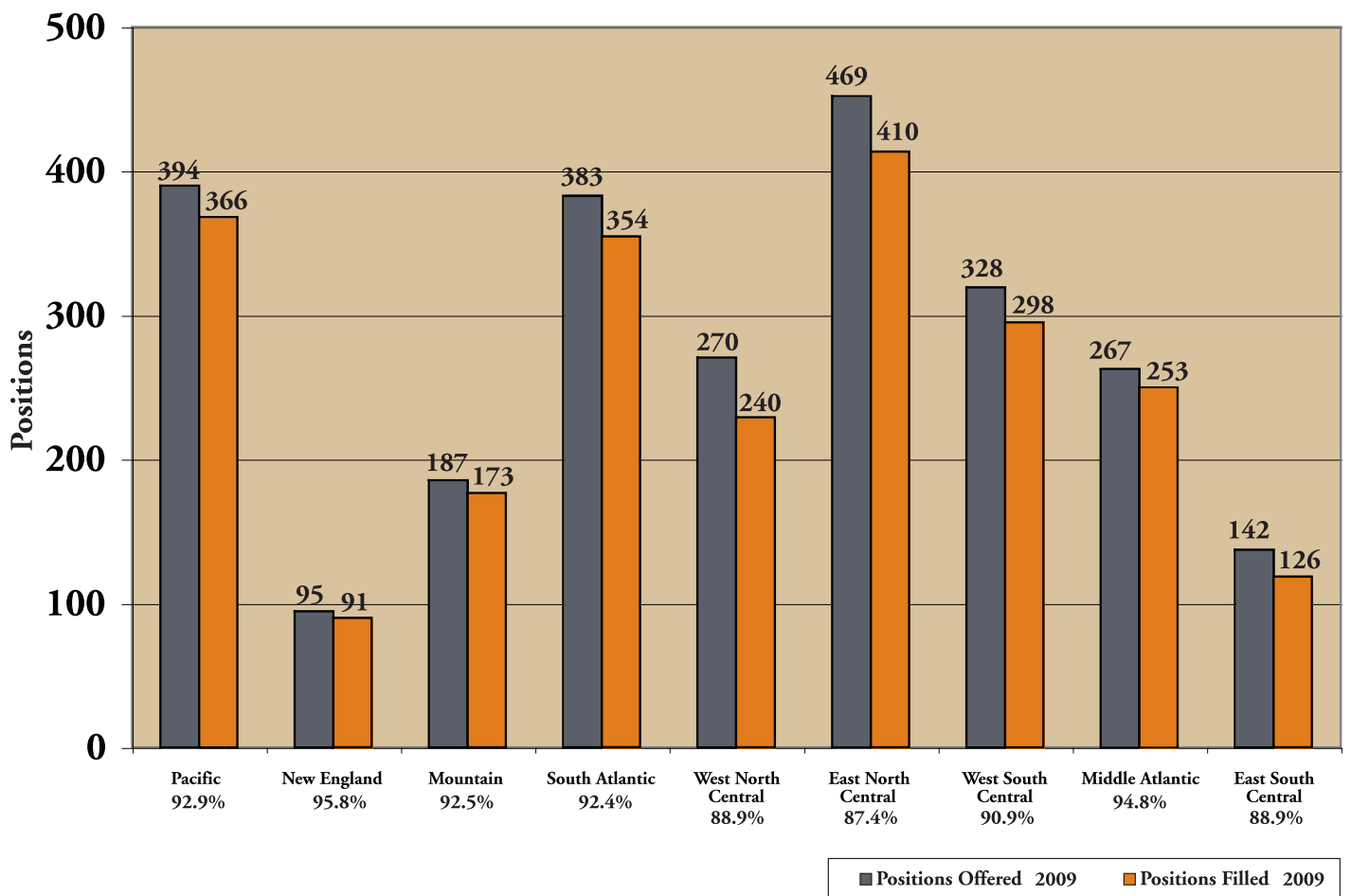
Comparison of 2008 – 2009 March Fill Rate in Family Medicine by Region and State

Region	Positions Offered		Positions Filled		Positions Filled %	
	2008	2009	2008	2009	2008	2009
Middle Atlantic	301	267	281	253	93.4%	94.8%
New Jersey	44	42	41	34	93.2%	81.0%
New York	117	97	111	96	94.9%	99.0%
Pennsylvania	140	128	129	123	92.1%	96.1%
East South Central	138	142	113	126	81.9%	88.7%
Alabama	42	44	38	42	90.5%	95.5%
Kentucky	33	34	28	31	84.8%	91.2%
Mississippi	16	16	16	13	100.0%	81.3%
Tennessee	47	48	31	40	66.0%	83.3%
TOTALS*	2636	2535	2387	2311	90.6%	91.2%

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

Graph 8

2009 NRMP Family Medicine Results by Regions



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.

For more information about the AAFP's positions on issues and clinical care and downloadable multi-media on family medicine and health care, visit the AAFP Media Center at www.aafp.org/media.

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

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