Identifying Family Medicine-Leaning Applicants Aligned with Your Mission and Values

Residency Selection Improvement Initiative

Reviewing residency applications is exceptionally time-consuming, often forcing programs to rely on filters and quick screening tools to manage the volume. However, these traditional methods frequently eliminate or miss qualified, genuinely interested candidates.

This guide translates recent applicant behavior data into evidence-based actions to help your program efficiently cut through the noise, leverage program signals, and identify candidates aligned with your mission and values. These actions and insights are based on Match and survey data from 2025.

1

Highlight Program Strengths and Recruitment Process

Data: Fewer than one-third of students agree that programs clearly communicated their application review criteria.[1] Applicants rely heavily on informal networks like classmates and residents, with 68% using Instagram and 63% using Reddit for Match-related information.[2]

Insight: A lack of formal clarity drives applicants to informal, often less reliable, networks, increasing application anxiety and misalignment. Transparency functions as a competitive advantage. Clarity attracts aligned, qualified applicants and deters those who are not.

Actions:

- Publish your recruitment process explicitly (e.g., applicant criteria, how/when/where interviews are offered and conducted, opportunities to visit either in-person, virtually, or both) to ground expectations and reduce reliance on backchannels.
- Update your program's specific description in the annual American Academy of Family Physicians (AAFP) Census and the Graduate Medical Education (GME) Track® Program Survey which will populate the AAFP Residency Directory and the "program highlights" section in the Residency Explorer™ tool, respectively.
- Publish your program's values and strengths explicitly on your website and social channels (e.g., mission priorities, preferred experiences, community served) to help applicants narrow their applications to mission-aligned choices.

2

"Screen In" Applicants to Find the Best Alignment for Your Program

Data: Urban programs attract a higher level of Family Medicine (FM)-only applicants (71% of US MDs; 63% of US DOs). Suburban and rural programs draw more FM-leaning multi-specialty and International Medical Graduate (IMG) applicants.[3]

Insights:

- Suburban, rural, smaller, or lower-selectivity programs should expect a higher share of "FM-leaning" multi-specialty applicants. It is critical to understand that these candidates are often managing risk, not indicating disinterest. By adopting a "rule in" approach, programs expand the pool of considered applicants to find those most mission-aligned.
- While urban programs naturally attract a higher baseline of single-specialty applicants, an applicant's background (e.g., IMG) is an unreliable indicator of their genuine interest in the specialty. Use of filters is a "rule out" approach that unnecessarily eliminates highly qualified, mission-aligned applicants.

Actions:

- Change your application process to a "screen-in," mission aligned review process. Remove broad initial screens (e.g., "IMG" or "years since graduation") as negative filters; instead, raise your review threshold for signs of specific commitment, such as geographic preferences or program signaling.
- Set clear minimum thresholds for United States Medical Licensing Examination (USMLE) STEP/Comprehensive Osteopathic Medical Licensing Examination (COMLEX) scores or number of USMLE STEP/COMLEX failures instead of raw score cutoffs to use as safety screens, rather than over-weighting them. This allows you to dedicate your selection energy to assessing mission alignment. Give yourself flexibility to revisit candidates below the minimum threshold if you are not finding the candidates you were hoping for.

[1] American Academy of Family Physicians 2025 Medical Student Survey, June 2025

[2] American Academy of Family Physicians 2025 Medical Student Survey, June 2025

[3] AAFP, Association of American Medical Colleges (AAMC), and Association of Family Medicine Residency Directors (AFMRD) presentation at Residency Leadership Summit (RLS), March 2026

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3

Identify "FM-Leaning" Attributes

Data: Multi-specialty applicants were 67% of the FM applicant pool in 2026. Of those multi-specialty applicants, a majority (88%) of those were IMG applicants.[4]

Insight: Evidence demonstrates that applicants are more likely to be "FM-leaning" if they highlight service/volunteer work, teaching/mentoring, longitudinal community engagement, have credible geographic ties, demonstrate experience with comprehensive/continuous care across different patient populations and settings, and/or provide FM-focused letters.

Actions:

- Prioritize candidates who demonstrate Family Medicine attributes e.g., sustained service/volunteer work, teaching/mentoring, longitudinal community engagement, credible geographic ties, and FM-focused letters, rather than automatically filtering them out based on broader or diversified application profiles.
- Utilize tools, webinars, and online instructions available through Electronic Residency Application Service (ERAS) and Thalamus to create and implement mission-aligned application review processes.
- Shift away from proxy metrics (e.g., applicant type or years since graduation) and move toward core competencies (knowledge, skills, and abilities).
- Assess specific application sections to identify an applicant's foundation in comprehensive, continuous care across patient populations and settings:
  - **Letters of Recommendation:** Look for primary care endorsements or focus on primary care e.g., holistic patient management.
  - **Transcripts and Medical Student Performance Evaluations (MSPEs):** Look at elective choices, early clerkship selections, and performance trends during core primary care rotations.
  - **Experiences:** Prioritize evidence of sustained service/volunteer work, teaching/mentoring, and deep, longitudinal community engagement.
  - **Personal Statement:** Look for unique, personal lived experiences that show an authentic understanding of Family Medicine values.

4

Capitalize on Program Signaling

Data: Applicants who signaled a program had five times greater odds of being ranked competitively than those who did not.[5] Sixty percent of residents matched into a program they signaled in 2025.[6] Approximately 12% of applicants who signaled their current program matched with them during or after Supplemental Offer and Acceptance Program (SOAP).[7]

Insight: Signaling is one of the strongest predictors of receiving an interview invitation and matching. Program signals can provide an indicator of genuine applicant interest; while limited signals are available to the applicant, they must choose only a few programs to signal.

Actions:

- Drive early interview offers using program signals, as they are one of the strongest observed indicators of yield.
- Create and publish clear guidance for applicants detailing how your program views and uses signals. This prevents critical applicant confusion (such as a candidate mistakenly assuming they do not need to signal your program because they already completed an away rotation with you).
  Note that the current Family Medicine Program Director Associations' Guide for Residency Applicants guidelines recommend that applicants signal their "home institutions" and "programs where they completed away rotations."

[4]AAFP, AAMC, and AFMRD presentation at RLS, March 2026

[5]National Residency Matching Program (NRMP) presentation to AAFP's Commission on Education (COE), January 2026 and NRMP Match Data accessed 4/17/2026, https://www.nrmp.org/match-data

[6]American Board of Family Medicine (ABFM) presentation to COE, May 2026

[7]ABFM presentation at COE, May 2026

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Optimize Interview Invitations and Selection Strategy

Data: The average number of applications per candidate has steadily declined from 56.1 in 2022 to 40.6 in 2026 – a nearly 30% decrease.[8] Meanwhile, the "FM-majority" applicant group (defined as those dedicating 50% of their applications to FM) has shrunk by 6% over the past five years, while the "FM-minority" group (those dedicating less than 50% of their applications to FM) has grown.[9] Single-specialty applicants are invited to interview at higher rates (49%) compared to multi-specialty applicants (13%).[10] Approximately 8 percent of applicants finalize their specialty choice, and choose Family Medicine, during the interview and rank order list submission (excluding SOAP).[11]

Insight: Programs are already highly effective at identifying and inviting single-specialty candidates. However, as the FM-majority pool contracts, the statistical risk of missing genuinely interested candidates increases. The area with the highest potential marginal gain for yield lies within the multi-specialty pool of "FM-leaning" candidates who are managing application risk. Because a portion of applicants finalize their choice during this phase, FM residency programs can influence applicants to choose Family Medicine during the interview/selection process.

Action:

- Rebalance your interview invitations to include strong, "FM-leaning" multi-specialty candidates to ensure this high-potential group is not overlooked.

6

Structure Flexible and Equitable Interview Formats

Data: 91% of students recommend that future residency interviews offer a virtual option.[12] Approximately 50% of residents had an in-person experience with their current program as an applicant.[13]

Insight: Flexibility in the interview format is preferred by applicants, and requiring in-person visits may inadvertently filter out well-qualified candidates due to financial, geographic, or work-related constraints. Access to virtual options helps foster equity for all individuals, regardless of their ability to travel. Furthermore, because a significant proportion of residents across all programs have an in-person experience with the residency they enter, providing broad, accessible engagement opportunities beyond the formal interview day is crucial. To address program concerns regarding last-minute cancellations, the current Family Medicine Program Director Associations' Guide for Residency Applicants guidelines recommend that "applicants who plan to withdraw from an accepted interview should provide at least two weeks' notice to the program."

Actions:

- Offer hybrid interviews and/or maintain virtual options to support applicant access and remain competitive, adhering to the Family Medicine Program Director Associations Guide for Residency Applicants.
- Consider alternative ways (e.g., virtual open houses, video walkthroughs, or in-person second looks) to provide opportunities for applicants to highlight your program and community beyond just the formal interview day since it might be valuable for the applicant's decision-making.
- Make interview options, formats, and programmatic expectations clear to applicants in advance to promote an equitable and transparent process, ensuring that ranking decisions are never based on whether a candidate completes an in-person visit.

[8]AAFP, AAMC, and AFMRD presentation at RLS, March 2026

[9]ABFM presentation at COE, May 2026

[10]AAFP, AAMC, and AFMRD presentation at RLS, March 2026

[11]ABFM presentation at COE, May 2026

[12]American Academy of Family Physicians 2025 Medical Student Survey, June 2025

[13]ABFM presentation at COE, May 2026