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Match Day 2025 hits record highs, even as new headwinds emerge

Week of March 30 - April 5, 2025

| **APR 04, 2025**

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The Buzz This Week

Match Day 2025 saw unprecedented participation, with 52,498 medical school applicants—a 4.1% increase from last year—vying for a record 43,237 available residency positions. Of these applicants, 47,208 actively participated by submitting rank-order lists, resulting in 37,667 successful matches—nearly 5% higher than the previous year.

Emergency medicine showed significant recovery, achieving a fill rate of 97.9%, up from 95.5% in 2024 and approaching its pre-pandemic high of 98–99%. Obstetrics and gynecology remained highly competitive, with fewer than 10 of its 1,604 positions left unfilled, despite ongoing policy debates regarding reproductive healthcare following the Dobbs Supreme Court decision.

Separately, despite overall growth, family medicine faced notable recruitment challenges. Although the specialty offered an additional 144 residency positions this year, its fill rate declined to 85%, nearly three percentage points lower than in 2024. This decline contrasts with strong recoveries seen in other primary care specialties such as internal medicine and pediatrics, which achieved fill rates of 96.8% and 95.3%, respectively.

A worrying trend also emerged regarding diversity in medical school enrollment. Recent federal restrictions on diversity, equity, and inclusion (DEI) initiatives and the Supreme Court's prohibition of race-conscious admissions policies have led to double-digit percentage declines in enrollment of underrepresented groups for the incoming medical school classes. Although this trend does not directly impact this year's Match Day, it signals potential future issues for healthcare equity if incoming residency cohorts lack diversity.

Why It Matters

The ongoing difficulty in filling family medicine residency positions raises significant concerns for the future of primary care. A sustained shortage in family physicians could exacerbate health disparities, particularly affecting rural and underserved populations, and further strain healthcare systems already dealing with rising chronic disease burdens.

Family physicians in rural areas frequently assume a broader scope of practice due to shortages in other specialties, often providing emergency care, minor surgical procedures, and comprehensive management of conditions typically referred to specialists in urban areas. Given primary care's foundational role for preventive health and cost containment, persistent gaps in family medicine could translate to increased long-term healthcare costs and reduced quality of care.

As Jeanette Calli, Chief of Match Operations at the National Resident Matching Program (NRMP), noted in a recent AMA Update podcast: "The number of positions in family medicine has increased by 534 over the last 5 years. But the number of applicants preferring the specialty just isn't keeping pace and has decreased over that same time period."

To address the ongoing challenges in family medicine, policymakers and healthcare leaders must act swiftly to enhance financial incentives and support structures. Existing programs aim to attract physicians to rural and underserved areas through various initiatives. For instance, the National Health Service Corps (NHSC) Rural Community Loan Repayment Program offers up to \$100,000 in loan repayment assistance for clinicians who commit to serving in rural communities for 3 years. Similarly, the Health Resources and Services Administration (HRSA) offers a Nurse Corps Loan Repayment Program that repays 85% of unpaid nursing education debt for 2 years at a critical shortage facility.

Enhancing medical student exposure to primary care specialties during training is also crucial. Programs that offer rural clerkships and hands-on experience in underserved areas have proven effective in motivating trainees to pursue careers in these communities. Implementing and expanding such programs can play a vital role in mitigating physician shortages in rural areas, ensuring equitable healthcare access, and strengthening the foundation of primary care.

The emerging decline in medical school diversity also poses long-term risks. A diverse physician workforce is critical for improving patient outcomes, particularly in historically under-resourced communities. Evidence shows that increased physician diversity improves access to care and health outcomes for under-represented communities, highlighting the importance of reversing recent enrollment trends.

The decline in medical school diversity could further compound challenges in primary care, particularly family medicine, since physicians from under-represented backgrounds are more likely to enter family medicine residencies and practice in under-resourced communities. Research shows family medicine has historically attracted higher proportions of Black and Hispanic residents compared to other primary care specialties, and these physicians disproportionately serve areas facing healthcare access issues. As a result, ongoing reductions in diverse medical school enrollment may exacerbate physician shortages in

already under-resourced regions.

Ultimately, the record-breaking numbers from Match Day 2025 present both opportunities and challenges. Ensuring sustained growth in essential specialties such as family medicine while actively addressing emerging diversity gaps will be vital for building a resilient and equitable healthcare system for the future.

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