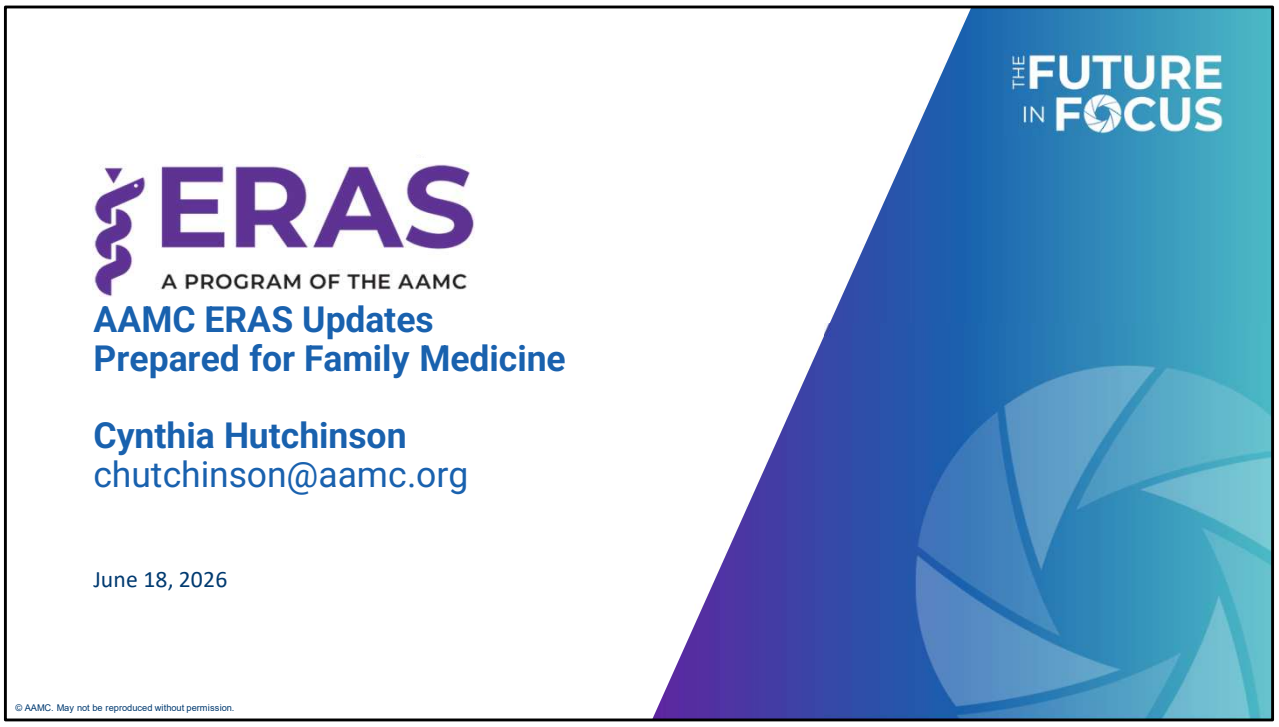


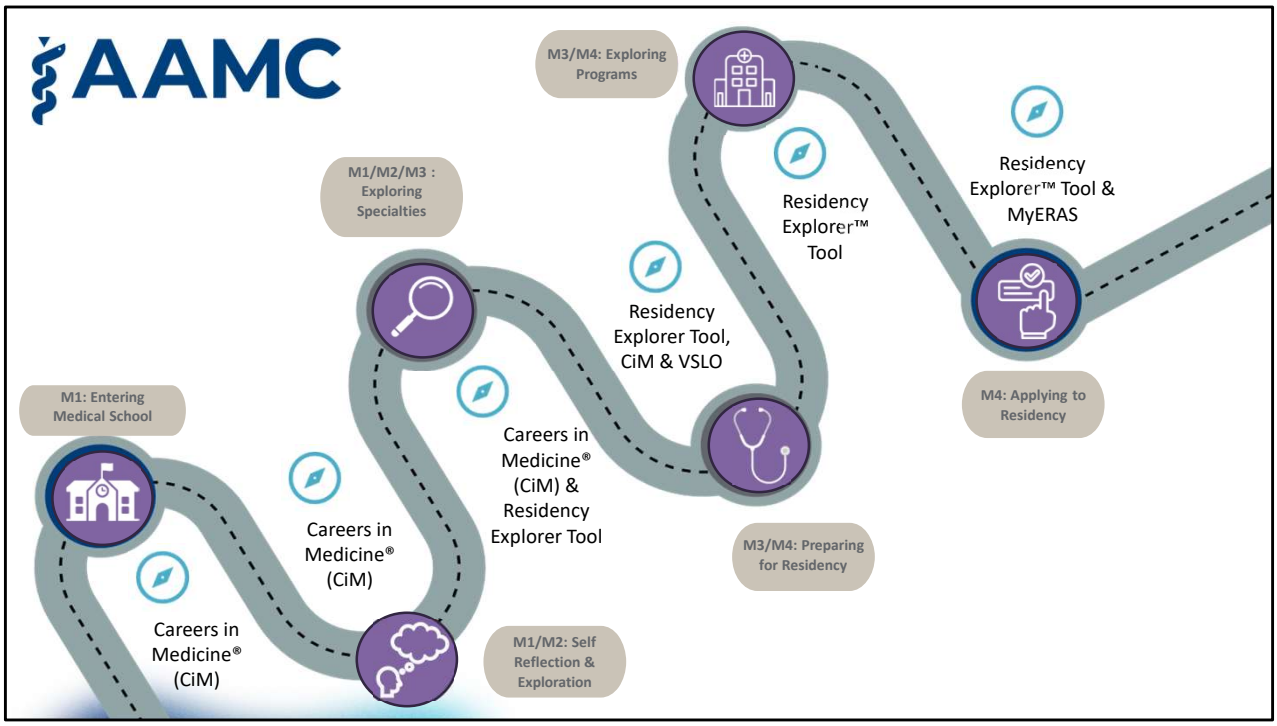
Hi everyone, thank you for having me. My name is Cynthia Hutchinson and I am a Principal Engagement Strategist here at the AAMC. Prior to that I worked in GME for the last 15 years – from Clerkship Coordinator to Residency Coordinator to Director of Graduate Medical Education.

Content

1. About the AAMC
2. National Family Medicine Trends
3. Regional Family Medicine Trends
4. 2027 Updates and Beyond

ERAS
A PROGRAM OF THE AAMC

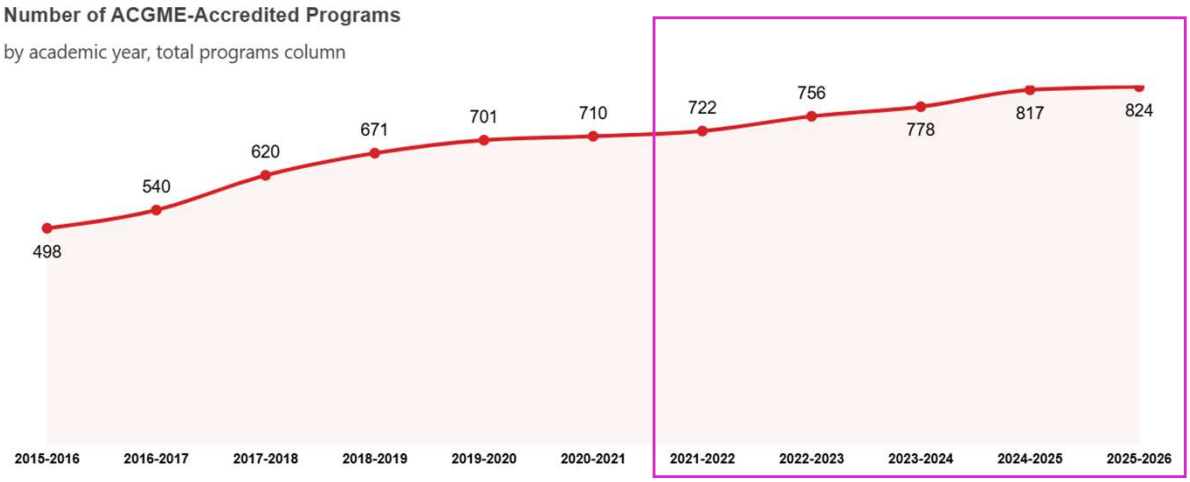
I am here to discuss a few different things today. First some data at the National level then a little bit of data broken down to the Regional level. I will end the presentation with some updates from the AAMC for the current recruitment cycle and beyond.



To give a bit of a bird's eye view, of different areas we will discuss today, this visual shows how may different resources offered by the AAMC - Careers in Medicine, the Residency Explorer tool, VSLO, and MyERAS fit together across the medical education journey. Each tool is designed for specific moments, and they are most effective when used together rather than in isolation. The key takeaway is that these tools are designed to work together across time. CiM supports early reflection and exploration. The Residency Explorer tool supports program-level understanding and application planning. VSLO supports clinical exploration through away rotations. ERAS supports the formal application process.

Let’s first look at some national trends for Family Medicine.

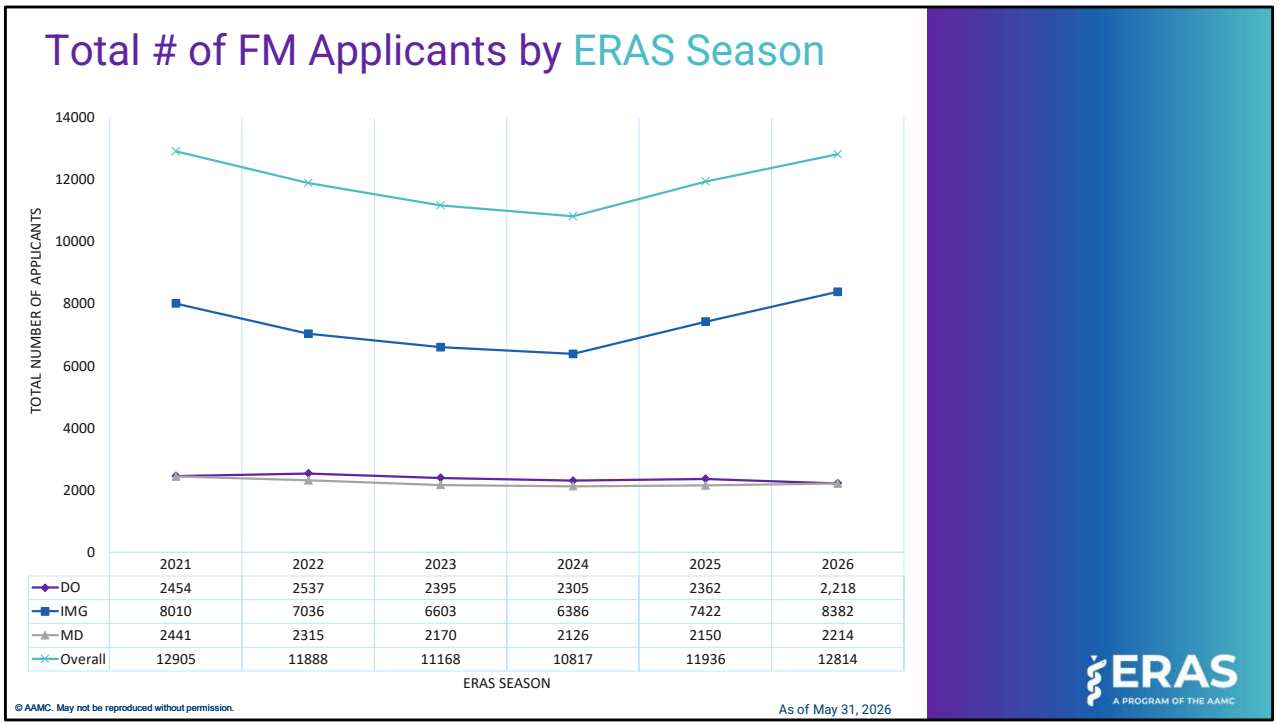
Growth of Programs Nationally



Source: acgmecloud.org/analytics/explore-public-data/program-data

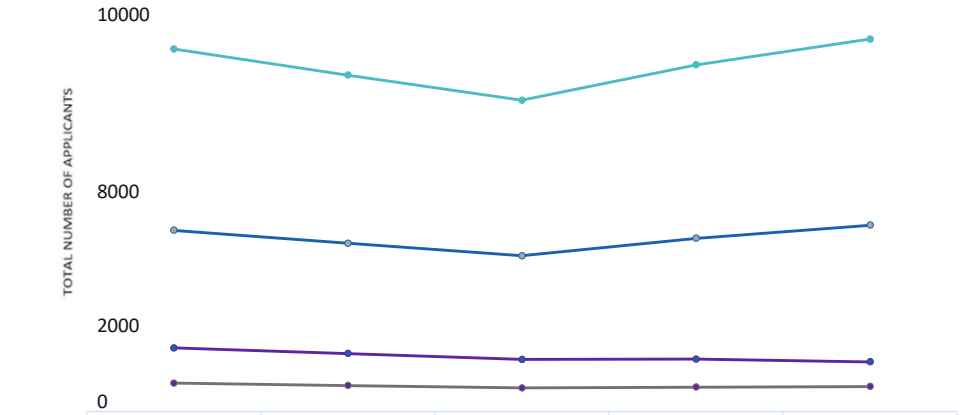
ERAS
A PROGRAM OF THE AAMC

In this section, we will be reviewing data from ERAS and Thalamus for the academic years in the box to the right – 2021 through 2026. In these years – 102 new programs have been accredited by the ACGME. While not as progressive as prior years, that's still a pretty consistent growth.



As these 100+ new programs have joined in the last five years, we saw a decline in applicants to the specialty between 2021 and 2023 and then a rise again in 2024 and onward. Note that MD and DO applicants have remained relatively stable each academic year in the candidate pool. The real fluctuation is predominantly within the IMG category with its current volume exceeding that of 2022.

FMEC Applicant Trends, 2022-2026



	2022	2023	2024	2025	2026
Overall	9455	8778	8120	9041	9717
IMG	6138	5755	5405	6309	7129
DO	1837	1670	1485	1460	1285
MD	1480	1353	1230	1272	1303

ERAS
A PROGRAM OF THE AAMC

Multi-Specialty Applicants –Family Medicine

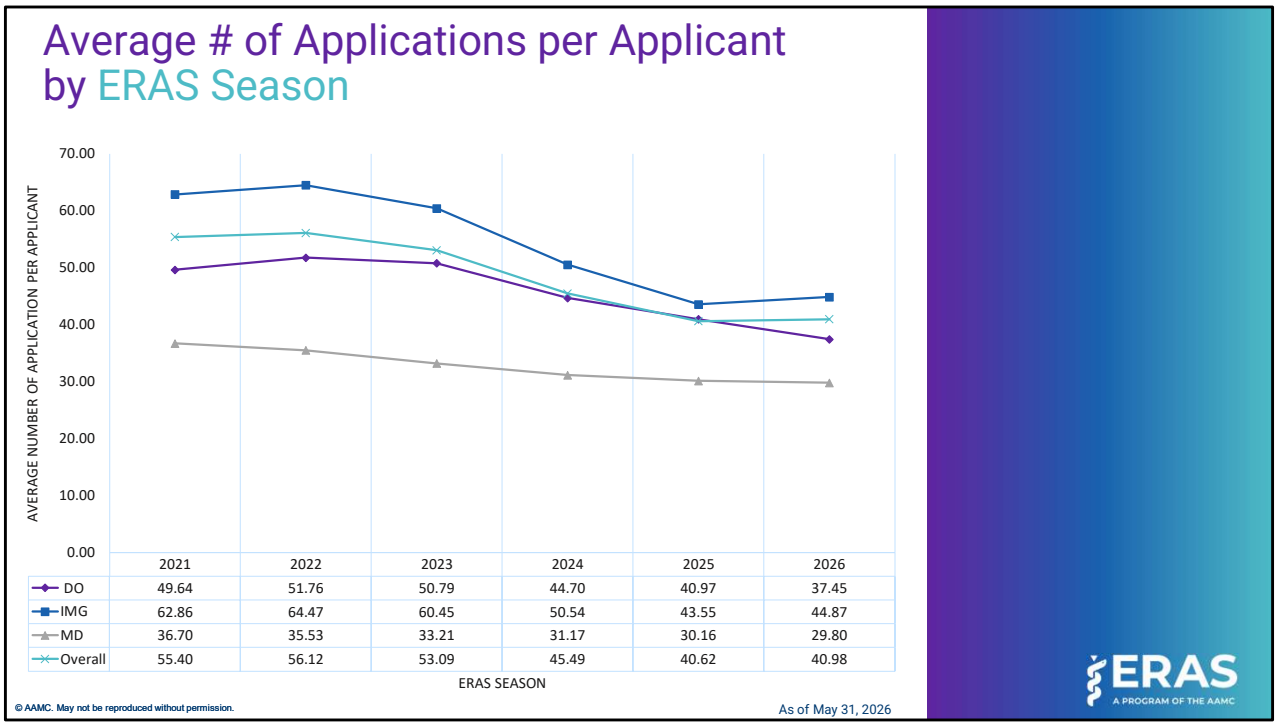
68.2% of all 2026 ERAS Family Medicine applicants applied to other specialties. The chart below lists the specialties to which applicants also applied, from most common to least.

Cross-Specialty	#/Applicants	%/Applicants
Internal Medicine (IM)	7,654	59.7%
Pediatrics (PD)	1,967	15.4%
Transitional Year (TY)	1,673	13.1%
Psychiatry (P)	997	7.8%
Neurology (N)	744	5.8%
Surgery (GS)	615	4.8%
Internal Medicine/Pediatrics (MPD)	531	4.1%
Pathology-Anatomic and Clinical (PTH)	313	2.4%
Anesthesiology (AN)	301	2.3%
Physical Medicine and Rehabilitation (PM)	261	2.0%
Internal Medicine/Preventive Medicine (IPM)	245	1.9%

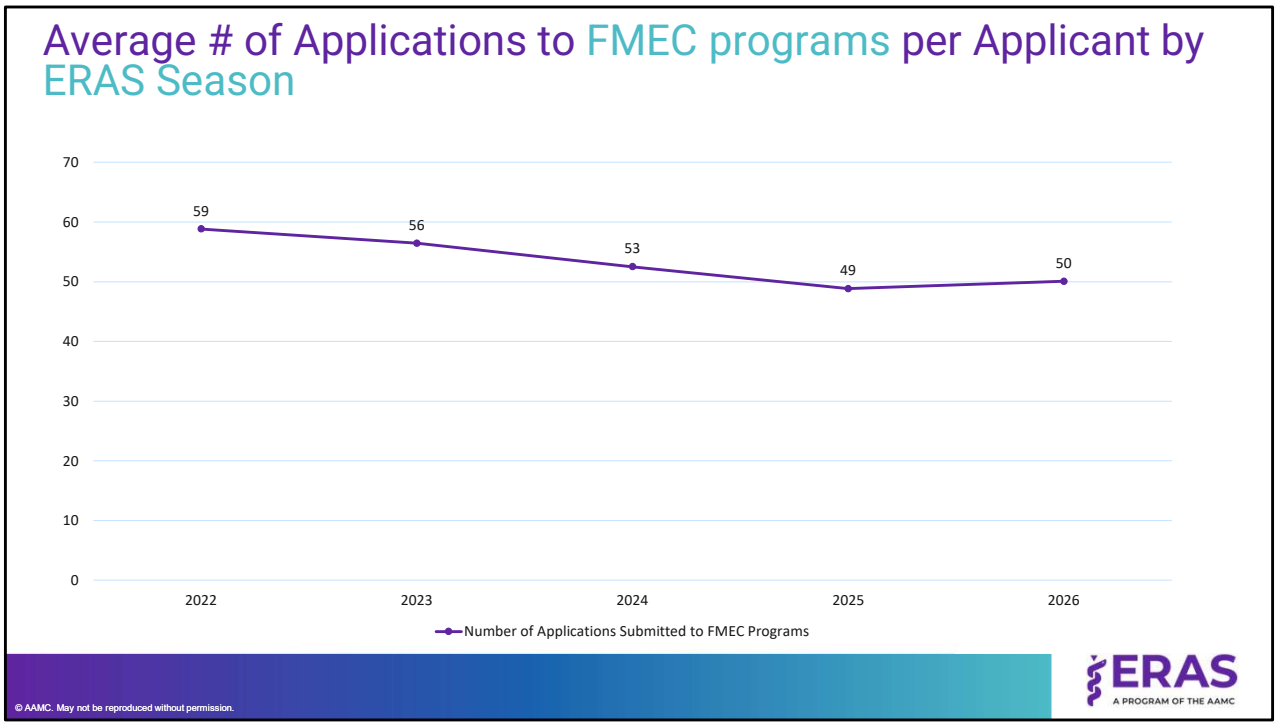
As of May 31, 2026

ERAS
A PROGRAM OF THE AAMC

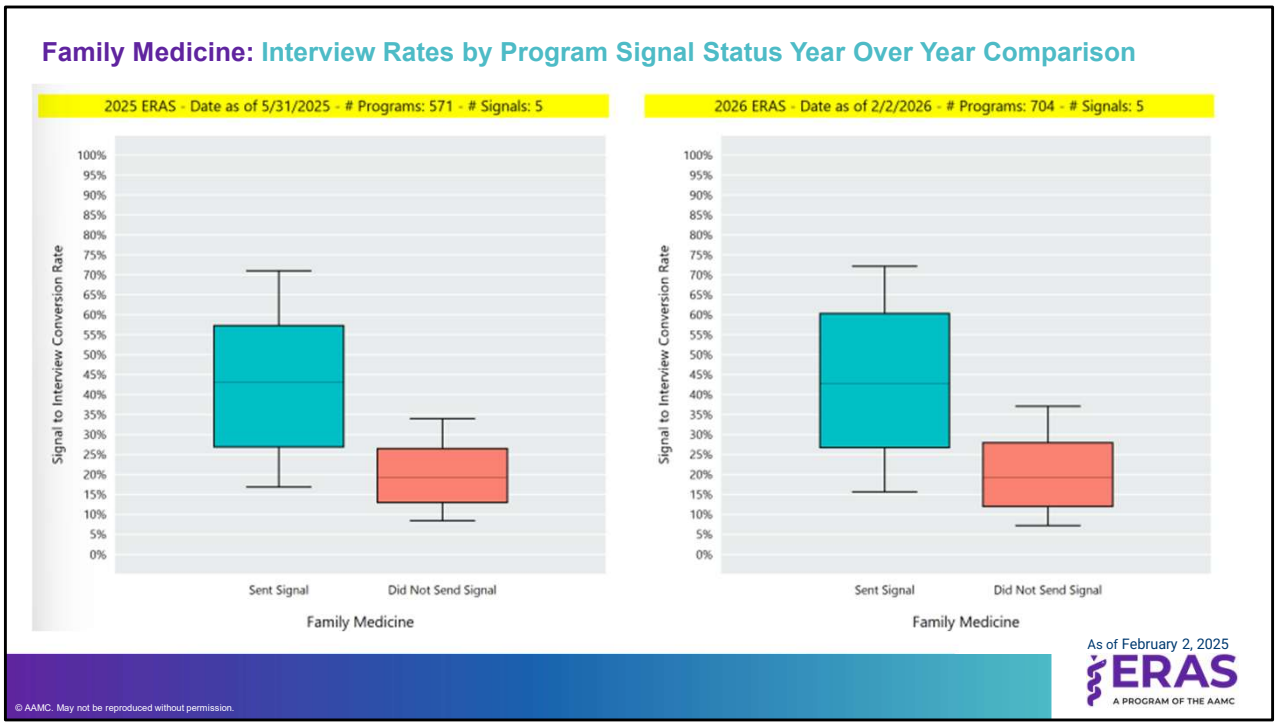
Next, lets look at our multispecialty applicants who apply to more than just Family Medicine. The majority of applicants to Family Medicine are multispecialty. Most are applying to either IM, Pediatrics, or TY. Others are applying to more competitive specialties like Anesthesiology, PM&R, and Surgery – and one can imagine FM is their back-up specialty.



This chart shows, on average, how many family medicine programs each applicant applies to. Note that Family Medicine implemented their five-signal strategy in 2023, which may contribute to the decline in average number of applications in the last couple years.



FMEC programs had a less pronounced drop in average number of applications submitted by each applicant and, year over year, applicants sent more applications on average to FMEC programs than nationally. Remember, the average was about 40 apps per applicant nationally. In just this region, it's 9-10 over that average.



Let's look at program signal strategy next. These two graphs are whisker plots. The graph on the left was last year's match and the graph on the right is this year's match that just happened. The teal box is the conversion of a signal to an invitation to interview and the orange/salmon colored box is the conversion of no signal sent at all to an invitation to interview. You'll see that the teal box is taller than the orangey box. The difference in height is the different ways that programs are using signals in their selection to interview process. The taller the box, the more diversity in use. What these graphs tell us is a few things:

(1) Applicants that send a signal to a program are more likely to receive an interview – we can tell that because the teal box is higher with the average sitting at around 43%.
(2) Because applicants only have 5 signals, there's still a good chance, about 20% on average, that an applicant will get an interview without signaling.
(3) Between 2025 and 2026 cycles, programs generally treated program signals the same-ish, given the teal boxes are close in heights year over year. However, this past year, more programs were interviewing applicants who did not signal which we can tell because the orangeish box is a bit taller within the graph on the right.

Signaling Impact to Interview Offers

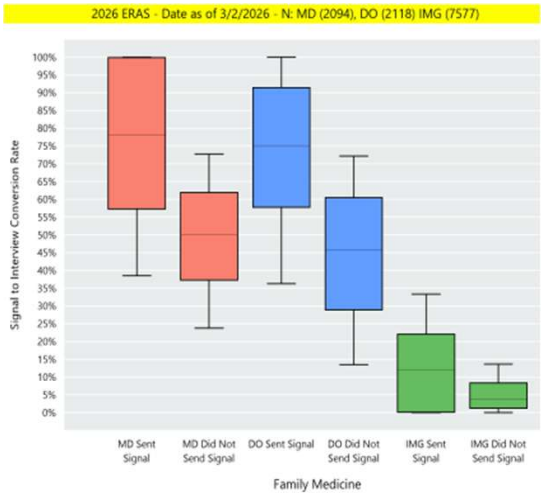
The chance of interview for any applicant type (MD, DO, or IMG) increases when a program is signaled.

Median interview rates increase, by applicant type:

For MDs: From 50% chance of interview without a signal to a 78% chance of interview with a signal

For DOs: From a 46% chance of interview without a signal, to a 75% chance of interview with a signal.

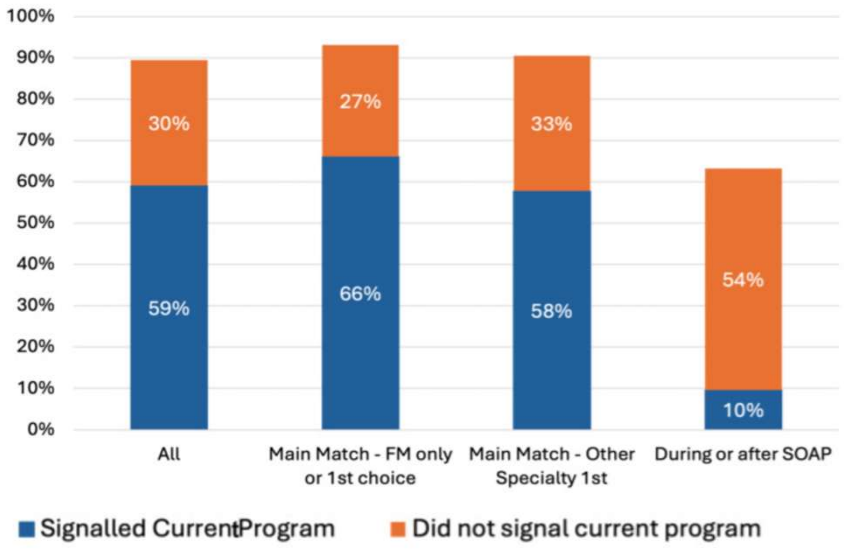
For IMGs: From a 4% chance of interview without a signal, to a 12% chance of interview with a signal.



If we break this same information down by applicant type, MD, DO, IMG, we can get a bit more information.

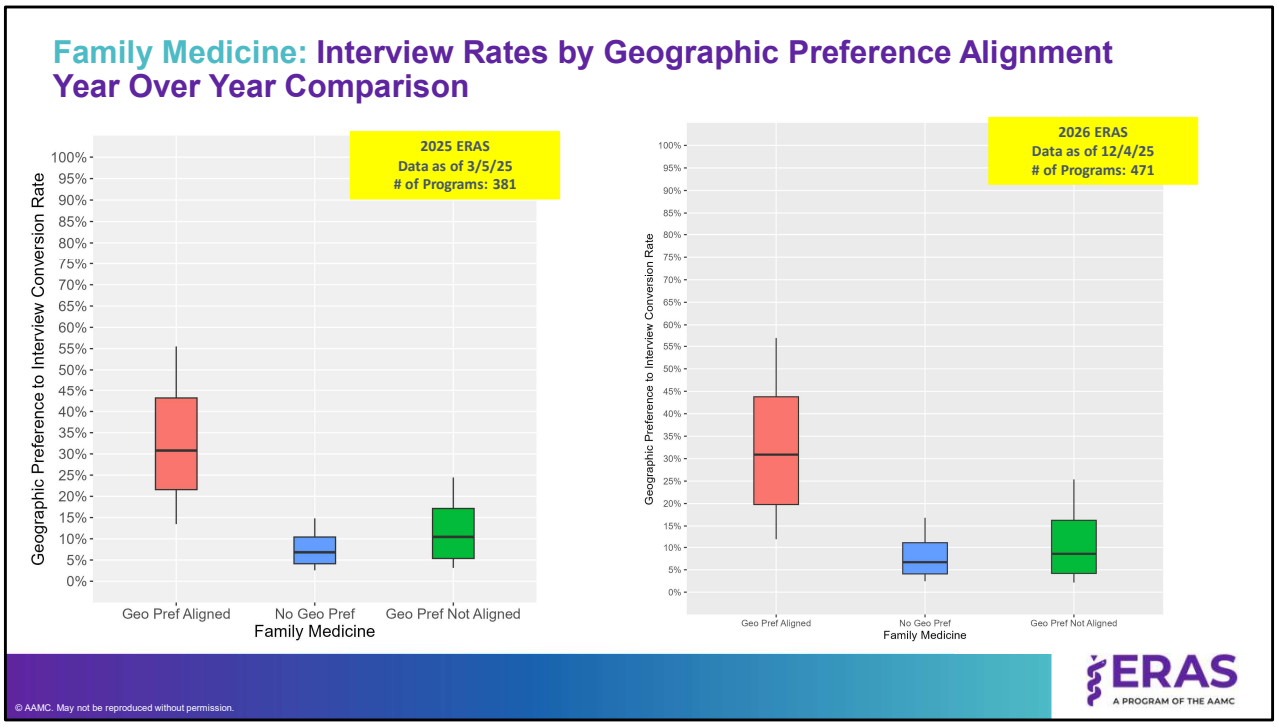
Median Interview Rates:
MD: 78% Signal, 50% No Signal
DO: 75% Signal, 46% No Signal
IMG: 12% Signal, 4% No Signal

Signaling Impact to Matching



Source: Barr WB, Peterson LE, Fleischer S, Bazemore AW. Do Residency Signals Actually Signal Intent? Insights From the 2024 Family Medicine National Resident Survey. PRiMER. 2025 Aug 27;9:44. doi: 10.22454/PRiMER.2025.254617. PMID: 41089077; PMCID: PMC12517385.

This slide depicts the proportion of First-Year Family Medicine Residents Reporting Using Program Signals and the Proportion Who Report Currently Sitting in a Program They Signaled, by How Matched in 2024. In a study of nearly all PGY-1 FM residents, we found that applicants are using ERAS signals to indicate real program and geographic preferences, suggesting these tools may support better alignment between applicants and programs. The majority of 5,237 respondents report that they "signaled" the residency program (59%) and geographic area (72%) where they ultimately matched. International medical graduates were less likely to use geographic preferences and were less likely to be currently in a program that they signaled or that aligned with their geographic preference. DOs were more likely to use both tools and more likely to be in a program that had an aligned preference. Residents who entered through SOAP were less likely to have used either tool, but 10% of residents who entered through SOAP signaled their current program.

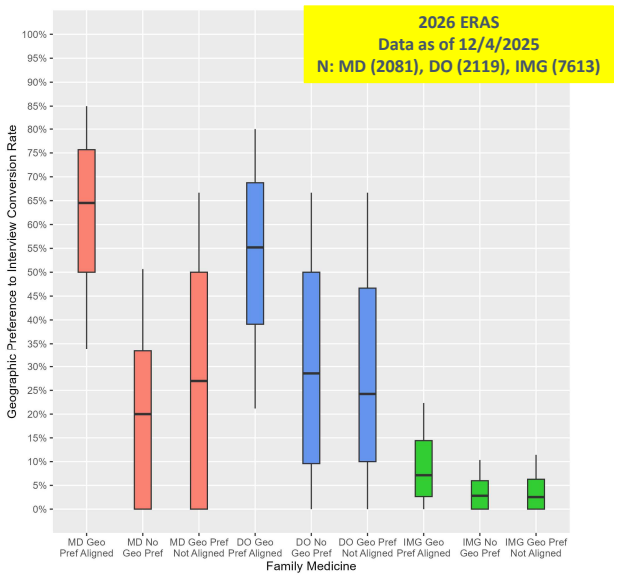


This brings us back to some more box plots - this time for geographic preferencing. In general, applicants whose geographic preferences aligned with the program's location were invited to interview at a higher rate than those with no geographic preference or those with unaligned preferences (31% vs 7% vs 9%, median rates). However, we need to interpret these results in the context of application type for a more complete understanding.

Family Medicine: Interview Rates by Geographic Preference & Applicant Type

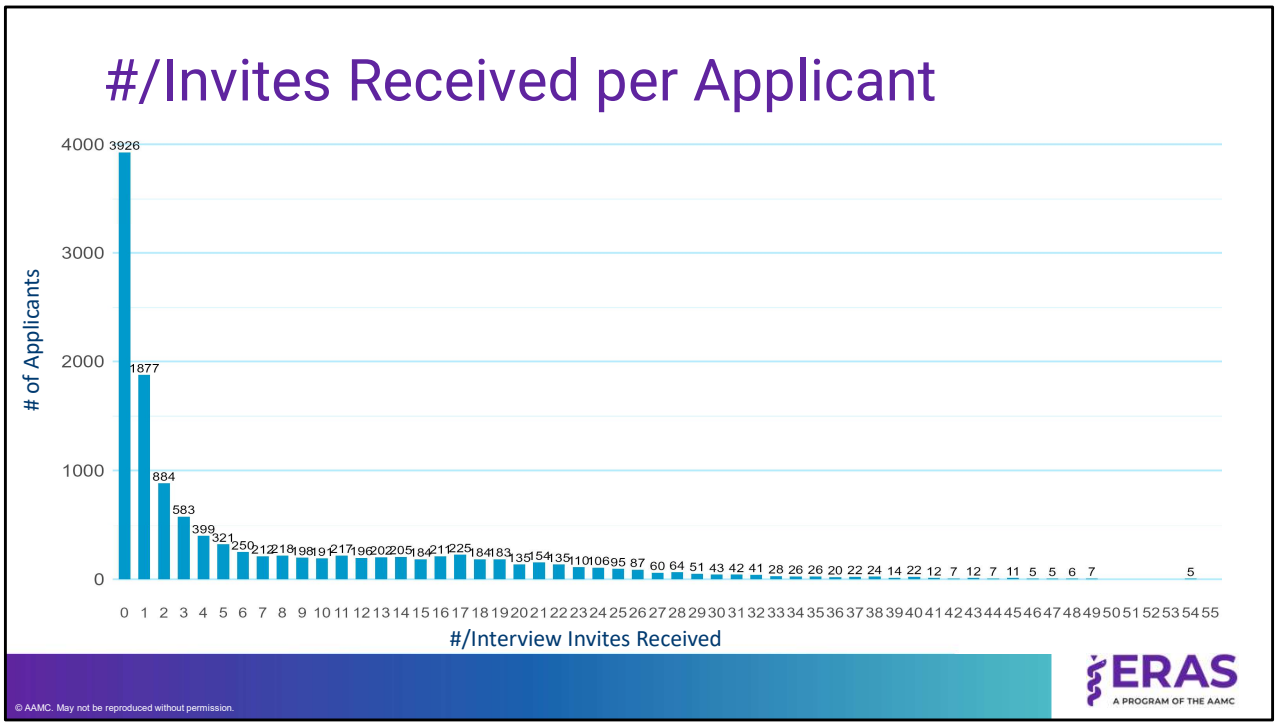
Applicant Type	Aligned	No Geo Pref	Not Aligned
MD	65%	20%	27%
DO	55%	29%	24%
IMG	7%	3%	3%

Interpret results with caution: (a) small sample sizes at the program level and (b) analyses do not control for all factors considered in the selection process

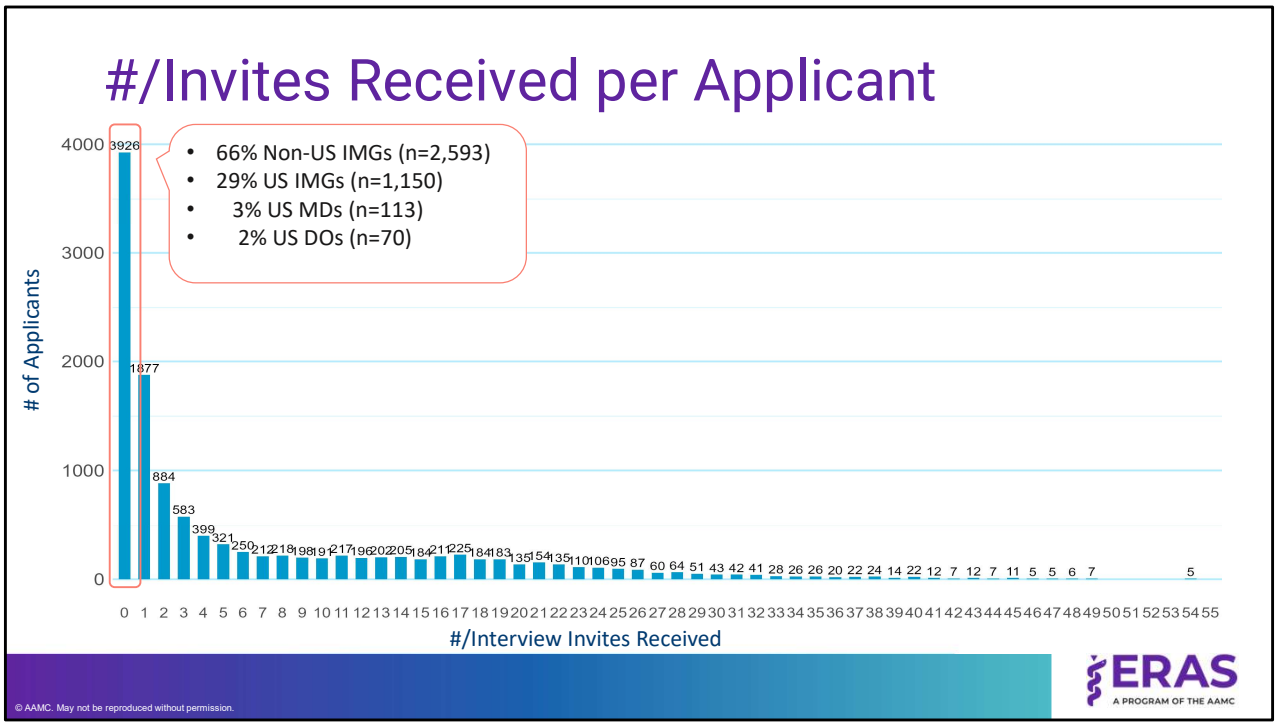


ERAS
A PROGRAM OF THE AAMC

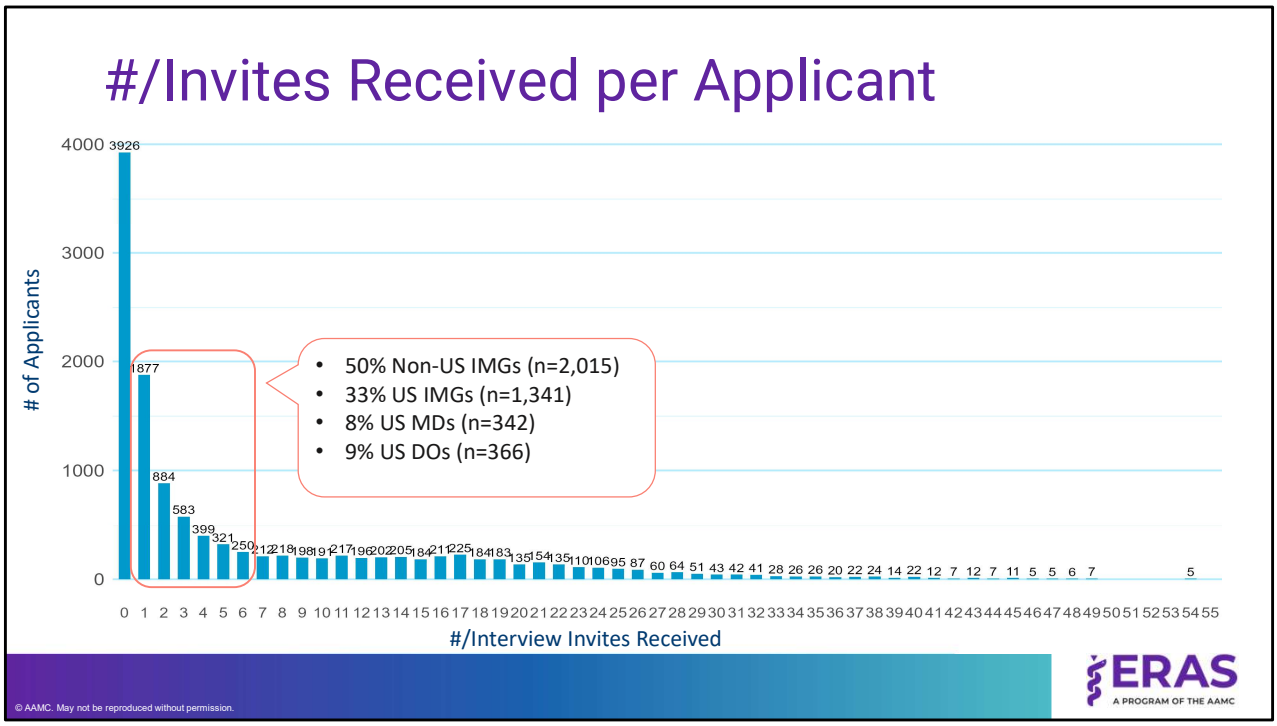
This slide shows the relationship between geographic preference and interview invitation by applicant type. The overall trend holds for all applicant types. Applicants with aligned geographic preferences are interviewed at higher rates, followed by similar interview rates for those with no geographic preference and unaligned preferences. The effect is strongest for MD applicants with DO applicants falling closely behind.



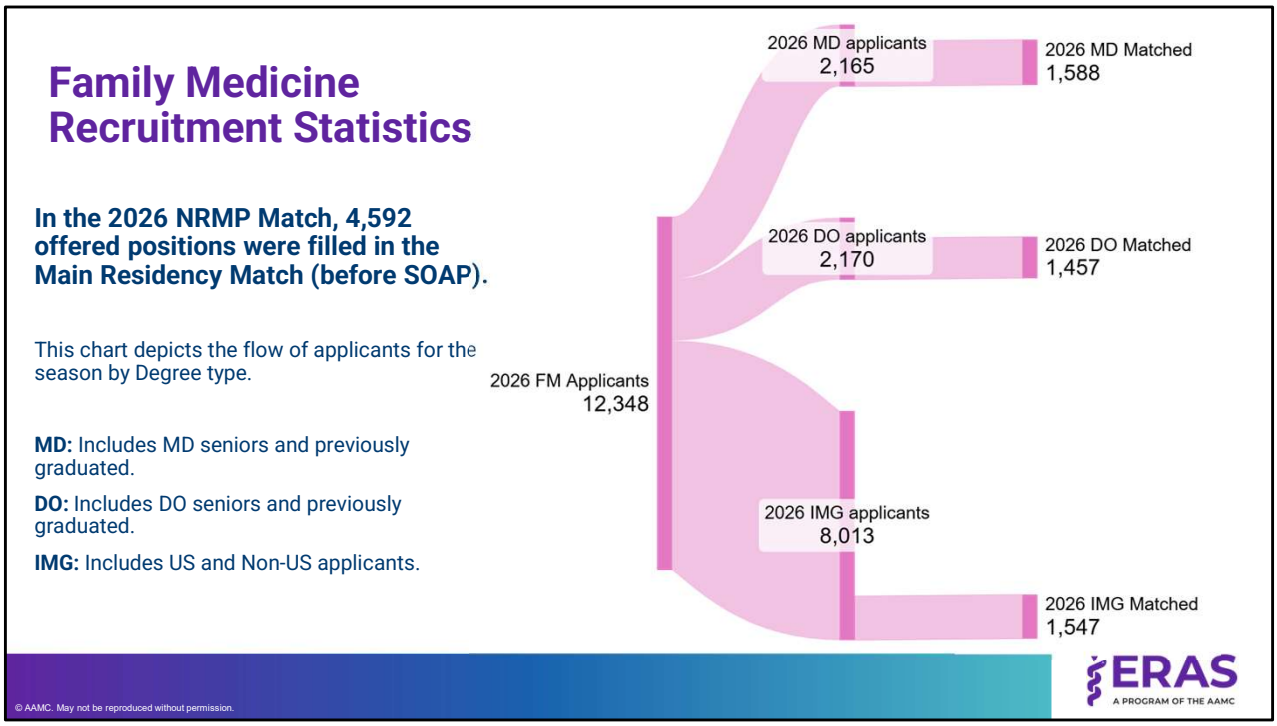
This slide shows the number of invitation to interview that each applicant received from FM programs, courtesy of Thalamus. Because this is Thalamus data, if programs used Interview Broker or email to send invitations and not Thalamus, we wouldn't have that information and those invites are not included on these next few slides. What we can see here is that the vast majority of applicants receive 17 or less invitations to interview. Then five stellar candidates on the far right – they received FIFTY FOUR invitations to interview. That's wild and I'd venture to say they over-applied. For today, I want to focus on the far left – the folks not receiving many interviews at all.



If we break down the 3,926 applicants who received zero interviews via thalamus…*read slide*



If we break down the 4,000+ applicants who received 1-6 interviews via thalamus…*read slide*. AAFP, AFMRD, and AAMC are currently working on a study to identify application characteristics of applicants in these two buckets – USMLE Scores, School Type, Clerkship Performance, MS1/2 performance, and other potential reasons why they had lower invitation to interview rates. We hope to have that information publicly available sometime next summer.



Last but not least, we have the 2026 flow of applicants from application to Match status. Through this view, we can see that while the IMG pool is by far the largest applicant pool, the breakdown of matched applicants is pretty much even – 33% from each applicant type are matched.

AAMC Updates: 2027 and Beyond

ERAS
A PROGRAM OF THE AAMC

ERAS helps applicants apply. The Residency Explorer tool supports informed applicant decision-making and helps programs communicate what makes them unique through verified data.

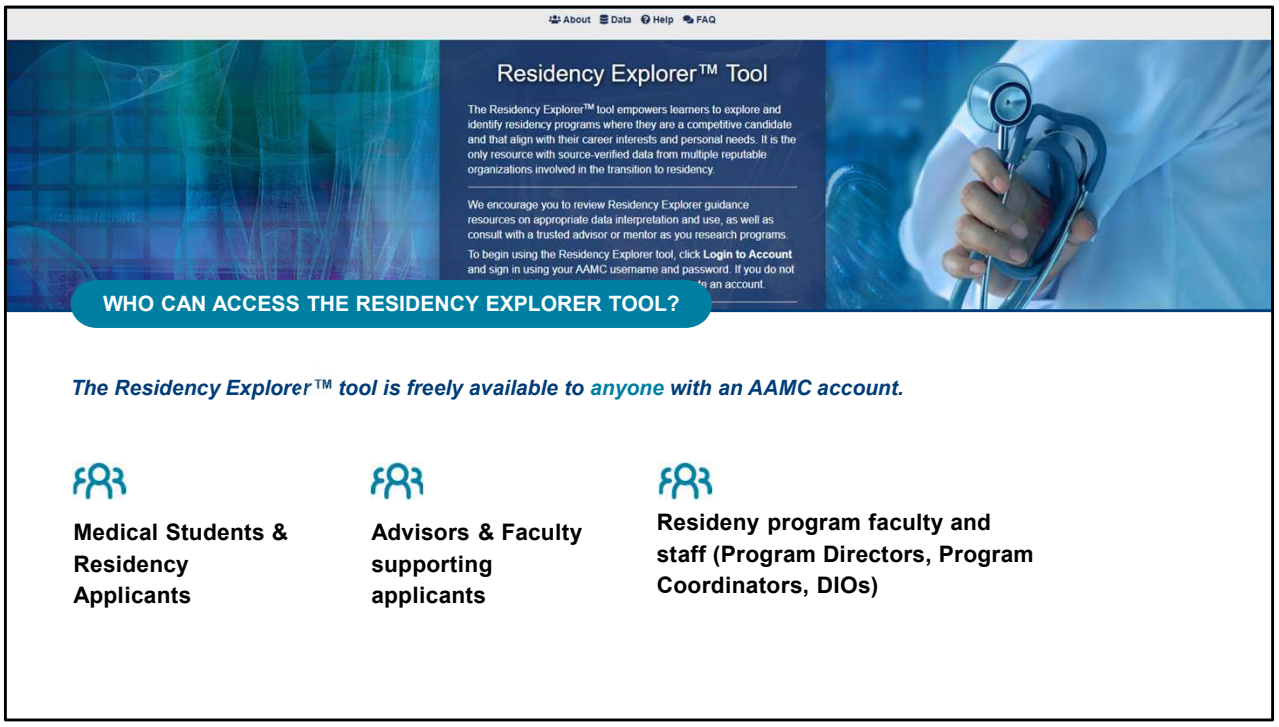
WHAT IS THE RESIDENCY EXPLORER TOOL?

A centralized, source-verified residency program research tool.

The Residency Explorer Tool helps applicants:

- Explore program-level data in one consistent place
- Understand historical application and interview trends
- Compare programs based on their priorities
- Make more informed, data-driven decisions about where to apply

In short: RET helps students understand *where to apply* and why.



The Residency Explorer tool is intentionally open and widely accessible. Anyone with a free AAMC account can use it, including students, applicants, advisors, faculty, residents, and programs. There is no cost and no institutional requirement. This open access model supports transparency and equity by ensuring that applicants, advisors, and programs are all referencing the same program level information.

AAMC

Residency Explorer™ Tool Data Sources

Program Pages

Source	Residency Explorer Data
AAMC • ERAS Application • Thalamus Core	Applicant characteristics Interview invitations
ACGME	Program information
GME Track Program Survey	Program characteristics, offerings
GME Track Resident Roster Certification	Resident characteristics
NBME	USMLE Step 1 and Step 2 CK data
NBOME	COMLEX-USA Level 1 and Level 2 CE data
NRMP Main Residency Match	# of positions offered and filled

Residency Explorer tool is built with data from national organizations involved in transition to residency. It is the only program research tool presenting data directly from these organizations, making the data in in the tool more accurate and comprehensive than other program databases or resources.

- The Residency Explorer tool presents information about residency programs from the ACGME and GME Track National Census Surveys such as program offerings, practice environment, benefits, and residents.
- It presents characteristics of applicants and interviewees using data from AAMC (ERAS Application, Thalamus Core) and license exam scores from the NBME and NBOME.
- And, it presents outcomes of the Main Residency Match provided by the NRMP.

Updates to 2026 GME Track Program Survey:
Application details, program details, & program requirements

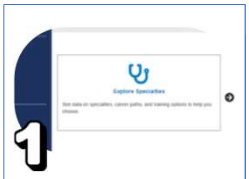
Main Updates:

- Focus on upcoming application cycle vs academic years
- Updated and added several questions, including:
  - Letters of recommendation or evaluation
  - Position types being offered
  - License exam requirements for DO applicants
- Removed questions not providing critical information

Key Notes

- Prior year responses will not be available in the GME Track platform for updated questions.
- GME Track Program Survey data populates program information displayed in the **AAMC's Residency Explorer™ tool** and **AMA's FREIDA™**.
- Approve survey **by July 10, 2026,** to ensure updated information is displayed in August 2026.

Residency Explorer™ tool: Summer 2026 Enhancements



Newly Updated Specialty pages moving to the Residency Explorer tool (with new information & data)

Introducing Specialty Specific Data Insights

Launching specialty partnerships to bring richer insights into the tool

New program-level data about application requirements from GME Track® Program Survey and Family Medicine data

- Specialty pages present data describing the physician workforce, program training, application and interview data, and resident characteristics
- **Family Medicine** Specialty pages include data from the AAFP and ABFM
- Enhanced **Family Medicine** Program pages include data from the AAFP

26

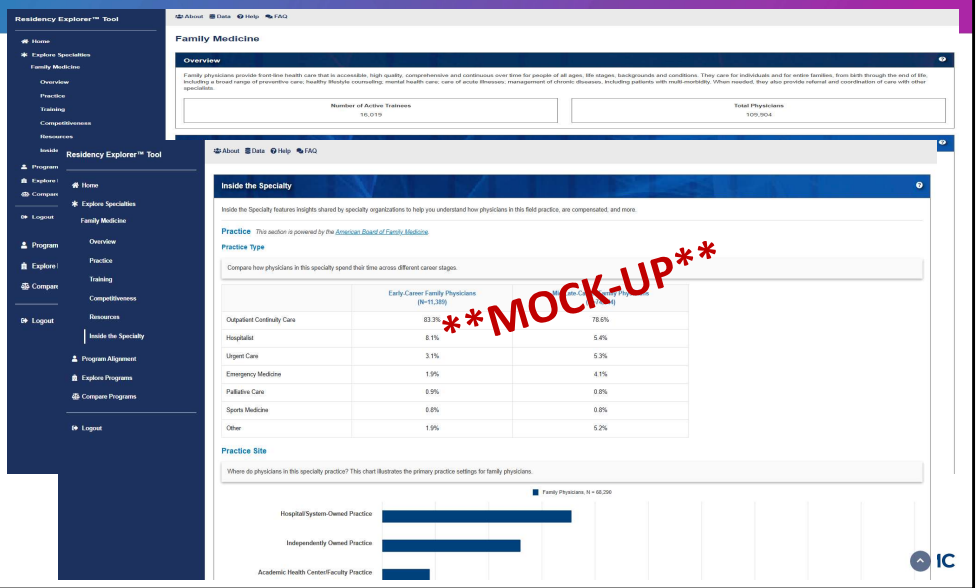
AAMC

In Summer 2026, we have additional exciting changes and updates for Family Medicine coming to the Residency Explorer tool. Early this summer, we will move the specialty profile pages that currently live in Careers in Medicine to RET so that we can make these data more broadly accessible and begin connecting specialty-level context with program-level data in one place. The new Family Medicine Profile will have some exciting updates that I'll share on the next slide. Second, we've started exploring partnerships with specialty organizations to incorporate **specialty-specific insights**. Family Medicine is our first example, where this year we've partnered with the AAFP and the ABFM to bring you specialty and program data to support your career journey. These specialty specific insights are designed to give you a more realistic view of Family Medicine while allowing the specialty to highlight key aspects of the discipline. Later this summer, we expect to add the new program level data from the **GME track program survey.** We've continued to review and update this important survey to collect relevant, meaningful, and accurate information that better supports programs, applicants, and advisors. These updates will be shared with you via the Residency Explorer tool.

Residency Explorer™ tool: Enhanced FM Specialty Pages

AAFP and ABFM data provide Family-Medicine specific insights, including:

- Practice type, site, and scope
- Procedures
- Compensation and benefits
- Satisfaction and well-being



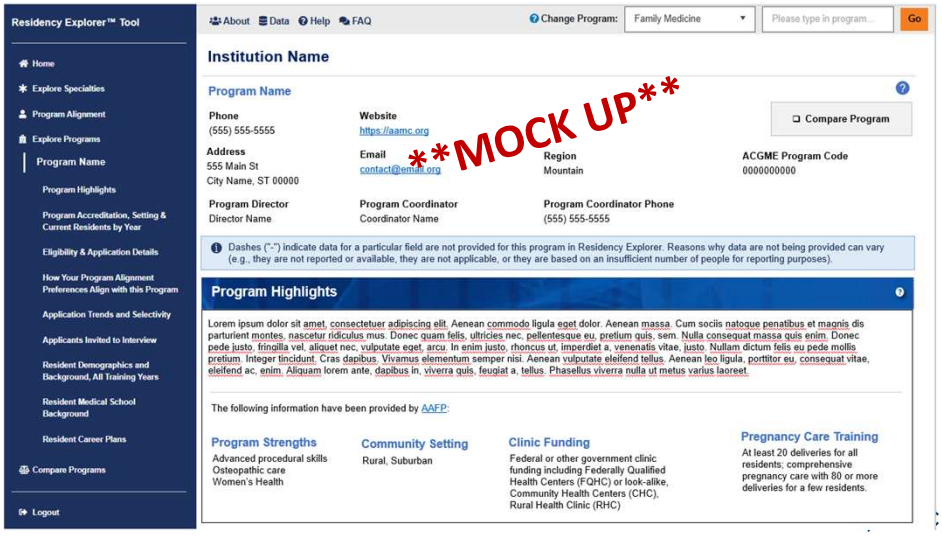
27
©AAMC

In addition to the data I just described, the Family Medicine profile will also have a special “Inside the Specialty” card. In this card, you’ll be able to review data provided by the AAFP and ABFM that’s designed to give you a better sense of the day-in-the-life experience of a Family Medicine physician. This data includes practice type, practice sites, and procedures. For some of this data, we present a breakdown by early career versus mid-to-late career physicians, which can give you a sense of what your career path can look like over time. We also include information on compensation, benefits, PTO, along with career outcomes like satisfaction and well-being.

Residency Explorer™ tool: Enhanced FM Program Pages

AAFP data provide Family Medicine program-specific insights, including:

- Program strengths
- Community setting
- Clinic Funding
- Pregnancy care training



28

The AAFP is also providing program-level information as well. Beginning early this summer, each Family Medicine program page will include information they have shared with the AAFP, including: Program strengths, community setting, clinic funding, and pregnancy care training. The AAFP program data is intended to highlight additional unique aspects of Family Medicine programs that help to paint a clearer picture of Family Medicine programs and help aspiring Family Medicine physicians differentiate between programs. When used alongside the many other program data and information in Residency Explorer tool, applicants are better equipped to find Family Medicine programs that align well with their interests and priorities for their development and career.

AAMC

Letter Writer Portal®

What's New in the Letter Experience

Compared to today, the updated experience includes:

- **Direct access via email**
  → No need to search by request ID
- **Flexible submission options**
  → Submit with or without an AAMC account
- **New document file types accepted**
  → Expands flexibility to support evolving letter formats
- **Centralized dashboard (optional)**
  → Track, manage, and view letter history
- **Improved support for different types of letters**
  → Clearer labels for type of letter

ERAS
A PROGRAM OF THE AAMC

Document types accepted – word and .pdf – .pdf conversion is not necessary, the system will convert the .doc to a .pdf within the system. They will have the opportunity to review after conversion. Much more user friendly and forgiving.

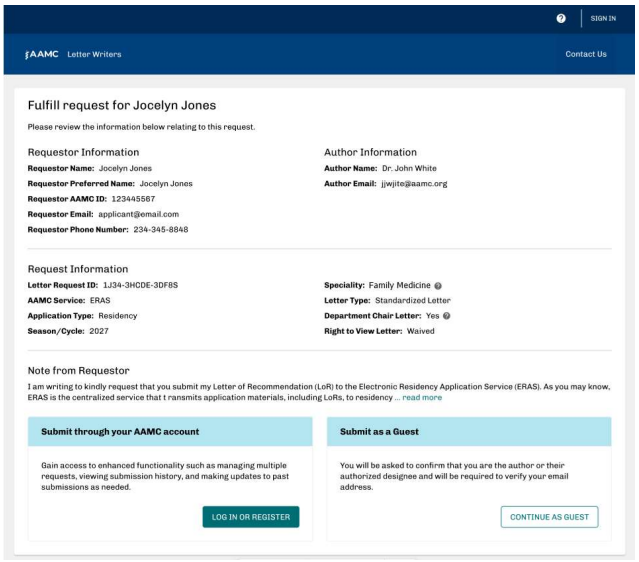
Letter Writer

When an applicant requests a letter, it will generate an email to the address provided at the time of request.

When you are ready to submit your letter, click on the link in the request email you received.

That link will take you to this page, where you have two options:

- Submit your letter as a **guest**
- Submit your letter using your **AAMC Account**



ERAS
A PROGRAM OF THE AAMC

Two types of users: Casual users who do not write many letters (guest feature fits those users), vs a writer that has a lot of letters and needs to manage the process and reference the letters later, that person is encouraged to use their AAMC login.

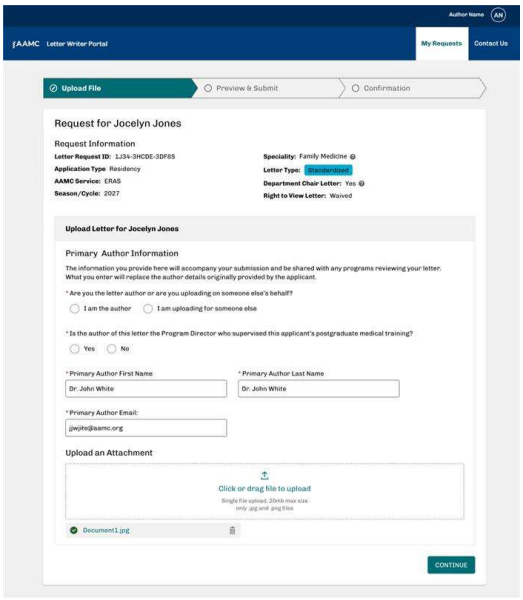
This is more streamlined than in the past because the link takes you directly to the request, rather than having to copy over the letter ID. Additionally, you have the option to upload without an account, which was not an option in the past.

Letter Submission

When submitting a letter for an applicant, authors will be shown the information provided by the applicant, and asked for the following additional information:

- Whether you are the author or uploading on another person's behalf
- If the letter writer is the program director who supervised the applicant's postgraduate medical training

After choosing Continue, letter writers will be able to preview their letter prior to confirming the upload.



ERAS A PROGRAM OF THE AAMC

Very simple, but different from prior years because they need to fill out more information on this screen.

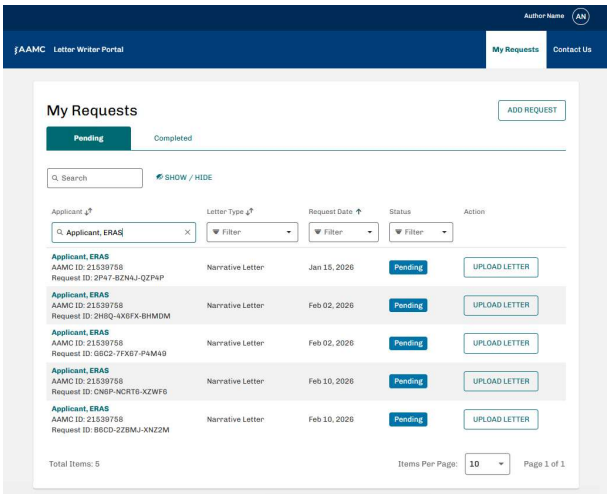
On this screen, authors will be given the opportunity to provide information that was previously only gathered from the applicant.

Dashboard Features – Pending Requests

When using an AAMC account, the Letter Writer Portal will track all your uploads in one place.

This tab will show all your Pending letter requests, and you can use this tab to manage requests that have yet to be fulfilled.

From this page, you can also add a request with specific information provided by the applicant.



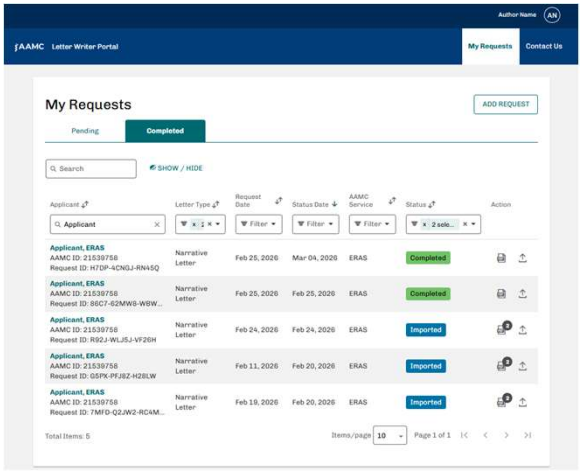
ERAS
A PROGRAM OF THE AAMC

Dashboard Features – Completed Requests

The Completed Tab allows users to:

- View request history
- Search completed documents
- Sort and filter by letter type, date, and status
- View .pdf of past document submissions

Users can manage what columns appear on their dashboard.



ERAS
A PROGRAM OF THE AAMC

User can manage what appears on their dashboard – screenshot has AAMC service listed – Show Hide. To answer the question of Can designees upload letters: Yes, designees may upload letters on behalf of authors in the letter writer portal. The letter request email an applicant sends to the author includes a direct link to upload the requested letter. This request link can be shared or forwarded to any number of designees; however, only one letter can be uploaded per letter request. Once the letter has been uploaded, the letter is managed by the individual who uploaded the letter.

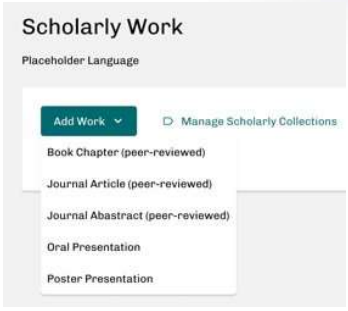
AAMC

ERAS® and the PDWS®

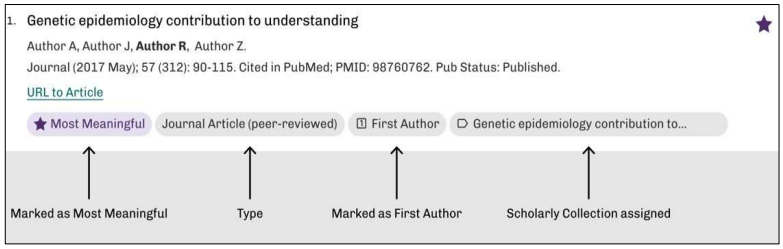
Over the past year, our team completed research to explore the role publications play in residency selection and common ideas. We'd heard from students and advisors that there is a feeling of obligation to do research, an emphasis on quantity, and unintended consequences of this. We also hear from programs that they prioritize quality over quantity. Our research examined five application cycles – 2020 – 2025 so pre/post major changes in residency selection. We found a small increase in the mean number of publications, but the median has not increased as much, as this varies slightly by pub type and by specialty.

- We also found that the mean number of publications is inflated by extreme outliers and duplicates.
    - For example, in specialties such as EM and FM, the upper 10% of applicants had between 13 and 200 pubs. In Neuro, between 70 and 300.
    - We also saw in the 25 cycle nearly 30% of applicants had at least one exact match between pubs entries – about half with matches across different types (e.g., poster and journal) and 20% within the same type (e.g., poster and poster)
    - And, those applicants with the highest numbers of pubs are more likely to have duplicate entries.
- We've also seen a different pattern in publications across specialties. For example,
    - In Neuro, Derm, ENT, and Ortho, we see a rise in pubs beginning with the 23-24 cycle.
    - In FM, IM, EM, Peds, and Anesth, we observe a more constant slow increase.
- More recent research has shown that increasing # of publications does not increase odds of getting interview invitation.

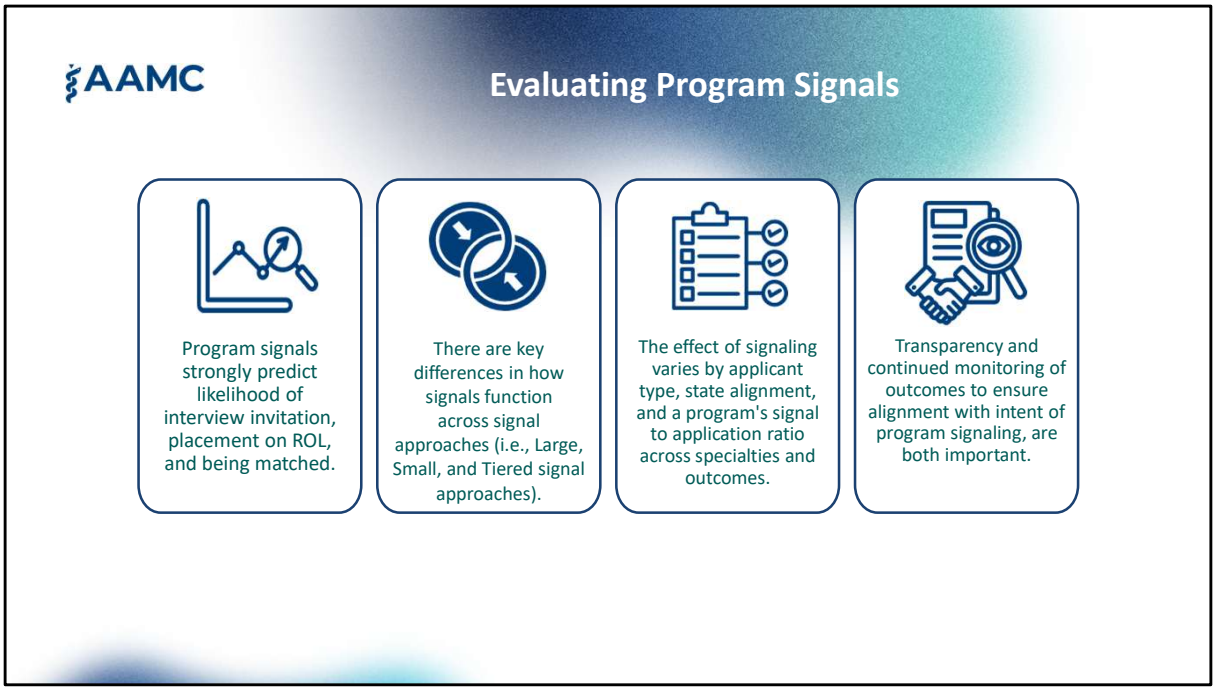
Introducing Scholarly Work



- The "Publications" section will be renamed Scholarly Work to better reflect the breadth of academic contributions.
- Applicants may highlight up to three most meaningful scholarly works or research projects.
- Topic groupings allow applicants to connect related publications and presentations to a single body of work.



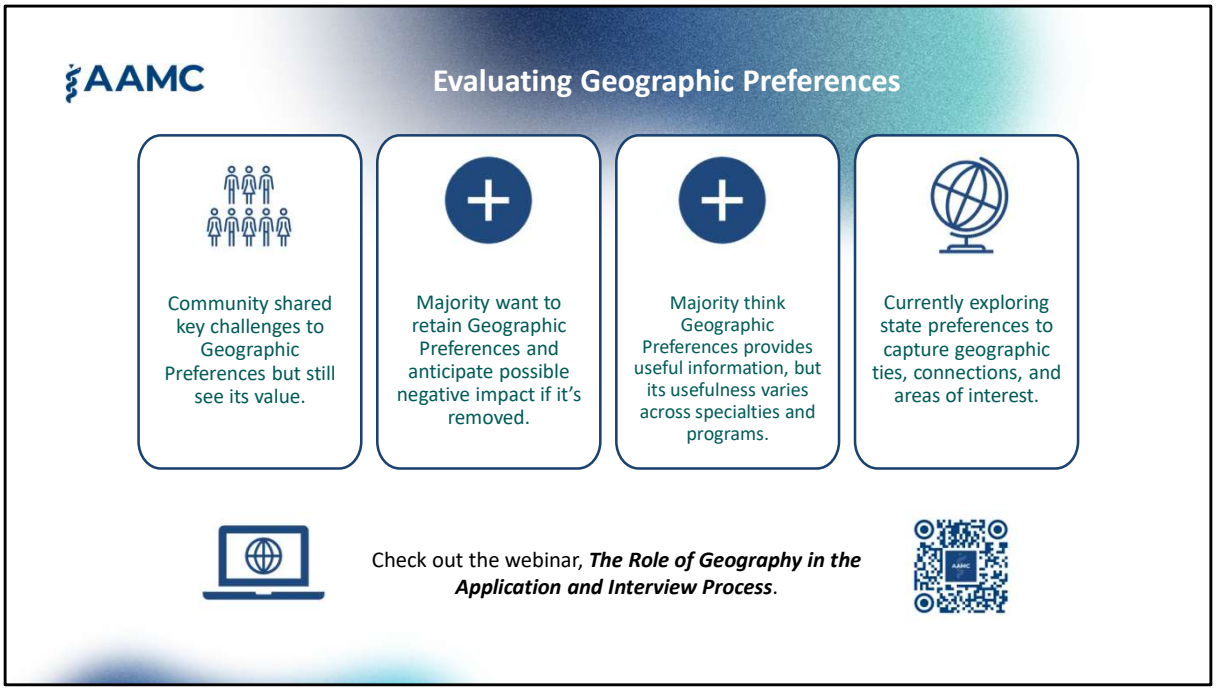
This research helped to inform upcoming changes to the publications section for the 27 cycle. This section will be renamed Scholarly work to better capture the variety of entries included. To emphasize the importance of quality over quantity, this section will allow applicants to identify three meaningful scholarly works or research projects. Similar to the meaningful experiences section, this will help you all as programs see what is most important to the student. Applicants can also now group entries by topic or line of research. This will help show progression of scholarly work such as poster > journal article and address the challenge of duplicates.



The program signal evaluation research sought to:

- Understand the effect of program signals through the entire T2R
- Examine similarities/differences between signaling structures across various specialties

- **Small number signal** refers to a signaling approach where the number of signals offered is less than about 10% of the average number of applications in a specialty. (ex. Emergency medicine)
- **Large number signals** refers to a signaling approach where the number of signals offered is more than about 10% of the average number of applications in a specialty. (ex. Ortho and ENT). One of the primary goals of the LNS approach is to spread out the distribution of signals across programs and address over-application directly.
- Lastly the **two-tiered signal** approach occurs when applicants can offer a limited number of "gold" signals to indicate highest level of interest and a larger number of "silver" signals to programs of interest. (Ex. Anesthesiology and internal medicine). The primary goal of 2TS is to spread the distribution of signals and mitigate over-application while maintaining the value of the small signal approach



We've continued to evaluate geographic preferences, specifically division preferences, and explore alternative approaches to this section. We analyzed data from the most recent cycles and held numerous focus groups and listening sessions with programs, students, and advisors. The community agrees there are key challenges to using US Census Divisions for geographic preferences. The divisions are **not intuitive, too broad** and lack sufficient precision to be valuable**, and vary widely in program density.** Some specialties also see a higher % of applicants using "no preference". Still, many see value in applicants sharing specific areas of interest, ties, and connections beyond locations listed in other parts of the application and agree this is different from program signals. And that there is risk to removing this section – namely programs reverting to relying on locations listed elsewhere in the application. As we've explored alternative approaches, state preferences has shown the most promise.

- States are **intuitive** and **more precise – lessen ambiguity and uncertainty**
- States better **balance program density** across areas.
- Allow for more detail and specificity in short descriptions**, potentially improving quality**
- Could **improve efficiency,** as programs can more quickly identify applicants with interest in their area
- Better support programs in identifying **recruitment opportunities** – applicants with a state preference but no program signal

We explored state preferences through listening sessions and are also exploring this approach with specialty leaders as well.

Resources & Support

- **May 12:** Enhancing Residency Application Experiences: MyERAS & Residency Explorer Updates
- **May 14:** Deans Work Station Training & Residency Explorer Tool Updates
- **June 10:** Utilizing DWS Analytics to Support Students in 2027
- **June 10:** PDWS Set-Up and Intro to Residency Explorer Tool
- **June 24:** Navigating MyERAS Portal & Residency Explorer Tool
- **July 1:** Program Signals Training & Q&A for Applicants
- **July 14**: PDWS Training for New Users
- **July 16:** PDWS Training for Returning Users

What You Need to Know About the 2027 ERAS Application Season

Watch the webinar: **Evaluation of New Specialty Specific Essays and Signal Statements**

Watch the webinar: **Introducing Scholarly Works**

Watch the webinar: **Introduction to the AAMC Letter Writer Portal**

ERAS
A PROGRAM OF THE AAMC

Questions

Cynthia Hutchinson
chutchinson@aamc.org

ERAS
A PROGRAM OF THE AAMC