



**Association of American Medical Colleges (AAMC)**  
**Supplemental Statement for the Record**  
**before the**  
**House Committee on the Judiciary, Subcommittee on Immigration and Citizenship**  
**hearing, titled**  
**“Is There a Doctor in the House?”**  
**The Role of Immigrant Physicians in the U.S. Healthcare System”**  
**February 15, 2022**

Thank you for the opportunity to provide supplemental information and context regarding U.S. graduate medical education (GME), commonly known as “medical residency” training. During the hearing, there was significant and broad bipartisan support for increasing GME. The AAMC endorses the Resident Physician Shortage Reduction Act of 2021 (H.R. 2256, S. 834), which would add 14,000 Medicare-supported GME positions over seven years to address projected physician workforce shortages.

In addition to testimony submitted by AAMC President and CEO David J. Skorton, MD, for the Feb. 15 hearing on the importance of physicians from other countries to the U.S. health care system,<sup>1</sup> the AAMC provides the following supplemental information to clarify relevant GME data and issues raised during the hearing.

**“Qualified” vs. Accepted Candidates**

To be eligible for medical residency, all applicants must meet the same minimum requirements, including graduating from an accredited medical school and passing Steps 1 and 2 of the U.S. Medical Licensing Exam (USMLE). Graduates of international medical schools must also be certified by the Educational Commission for Foreign Medical Graduates (ECFMG). In addition to these minimum requirements, U.S. medical residency program directors conduct a highly competitive selection process to determine who are most likely to succeed in their residency program and ultimately provide the highest-quality patient care.

While the vast majority of U.S. medical school graduates are able to secure medical residency positions,<sup>2</sup> for applicants who are unable to secure a residency position, there can be numerous contributing factors, including not being competitive in their first-choice specialty; USMLE scores; poor interviewing or interpersonal skills; not applying to, interviewing for, or ranking

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<sup>1</sup> <https://docs.house.gov/meetings/JU/JU01/20220215/114411/HHRG-117-JU01-Wstate-SkortonD-20220215.pdf>

<sup>2</sup> More than 99% of all U.S. MD school graduates enter residency or enter full-time practice in the United States within six years after graduation. (Sondheimer HM, Xierali IM, Young GH, Nivet MA. Placement of US Medical School Graduates Into Graduate Medical Education, 2005 Through 2015. JAMA. 2015;314(22):2409–2410. doi:10.1001/jama.2015.15702)

enough programs; concerns raised in the Medical Student Performance Evaluation (also known as the “Dean’s Letter”); professionalism concerns; or school reputation.<sup>3,4</sup>

The AAMC provides regularly updated resources, tools, effective practices, and other materials to support students, medical school advisors, and program directors in the residency selection process.<sup>5</sup> U.S. medical schools also assist unmatched students with residency application guidance, finding residency vacancies, and in pursuing master’s degree programs or additional research and clinical experiences to enhance their competitiveness for future residency applications.

### **“Matched” vs. Securing a Residency Position**

Most medical school graduates seek residency positions through the National Residency Matching Program (NRMP) or “the Match.”<sup>6</sup> However, it is important to recognize that there are additional subsequent opportunities to secure a residency position, including the NRMP’s Supplemental Offer and Acceptance Program (SOAP) and individual applications for vacancies after SOAP. In 2021, an additional 1,773 applicants accepted residency positions during SOAP.<sup>7</sup> As such, examining only Match data is an incomplete picture.

The NRMP reports to the AAMC that after the 2021 SOAP, 672 U.S. MD seniors were left without a residency position. These applicants often apply again in future years with new Match strategies, specialty choices, and education or training that increases their competitiveness. Research has shown that more than 99% of all U.S. MD school graduates enter residency or enter full-time practice in the United States within six years after graduation.<sup>8</sup> The American Association of Colleges of Osteopathic Medicine (AACOM) reports similar results for graduates of U.S. DO schools, including a total placement rate of 99% for U.S. DO seniors seeking GME by June 30, 2021.<sup>9</sup>

### **“No Rank List”**

The NRMP also reports separately the number of applicants who do not submit a “rank order list” of their preferred residency programs, which is necessary to obtain a residency in the Match. These individuals are eligible for the SOAP and may secure a residency position later. Further,

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<sup>3</sup> Sondheimer HM. Graduating US Medical Students Who Do Not Obtain a PGY-1 Training Position. *JAMA*. 2010;304(11):1168–1169. doi:10.1001/jama.2010.1316

<sup>4</sup> Bumsted, Tracy MD, MPH; Schneider, Benjamin N. MD; Deiorio, Nicole M. MD Considerations for Medical Students and Advisors After an Unsuccessful Match, *Academic Medicine*: July 2017 - Volume 92 - Issue 7 - p 918-922 doi: 10.1097/ACM.0000000000001672

<sup>5</sup> AAMC, <https://www.aamc.org/collaborative-transformation-transition-residency>

<sup>6</sup> Medical school graduates also use the Military Match and specialty-specific “early” matching programs. <https://www.nrmp.org/residency-applicants/get-ready-for-the-match/early-matches/>

<sup>7</sup> NRMP, [https://www.nrmp.org/wp-content/uploads/2021/08/MRM-Results\\_and-Data\\_2021.pdf](https://www.nrmp.org/wp-content/uploads/2021/08/MRM-Results_and-Data_2021.pdf) (p. 45)

<sup>8</sup> Sondheimer HM, Xierali IM, Young GH, Nivet MA. Placement of US Medical School Graduates Into Graduate Medical Education, 2005 Through 2015. *JAMA*. 2015;314(22):2409–2410. doi:10.1001/jama.2015.15702

<sup>9</sup> AACOM, [https://www.aacom.org/docs/default-source/grad-medical-education/do-match-report-2021-full-report-final.pdf?sfvrsn=e4e00797\\_0](https://www.aacom.org/docs/default-source/grad-medical-education/do-match-report-2021-full-report-final.pdf?sfvrsn=e4e00797_0)

they may strategically and purposefully not submit a rank order list in order to be automatically eligible for SOAP, which is only open to unmatched or partially unmatched applicants.

### **U.S. Medical Schools vs. International Medical Schools**

Despite recent 35% growth in U.S. medical school enrollment, some U.S. citizens or legal permanent residents attend international medical schools. In contrast to high Match rates of students from U.S. MD and DO schools, medical students who attend international medical schools have historically been less competitive in the Match as a cohort. While imperfect, pre-SOAP data can be used for comparison purposes. In 2021, 92.8% (19,866) of U.S. MD seniors and 89.1% (7,101) of U.S. DO seniors obtained a residency position through the Match. Comparatively, in 2021, 54.8% (4,356) of non-U.S. graduates of international medical schools and 59.5% (3,152) of U.S.-citizen graduates of international medical schools obtained a residency position through the Match.<sup>10</sup>

In 2021, U.S. MD seniors accepted 48% (846 of 1,773) of the total positions filled during SOAP. U.S. DO seniors accepted 27% (484 of 1,773) of the total positions filled. International medical school graduates, as a group, accepted 18% (313 of 1,773) total positions filled during SOAP.<sup>11</sup>

### **Retention of Physicians from Other Countries**

As of Dec. 31, 2020, approximately 11,602 (8%) of medical residents in U.S. medical residency programs were on nonimmigrant visas, and an additional 29,132 (20%) were identified as not being native U.S. citizens — including 12,180 (8.4%) naturalized citizens and 6,683 (4.6%) legal permanent residents.<sup>12</sup> Comparatively, AAMC analysis of American Medical Association 2020 physician practice data indicates that approximately 23% of active physicians practicing in the U.S. identified as foreign born. These data suggest that relatively comparable percentages of medical residents remain in the U.S. as active physicians after training. Failure to retain medical residents on nonimmigrant visas after training may be due to immigration barriers previously discussed in testimony, including the J-1 visa home-return requirement, H-1B visa caps, and green card backlogs.<sup>13</sup>

While nationwide data on State Conrad 30 J-1 visa waiver program retention is not available, a 2016 report by the WWAMI Rural Health Research Center at the University of Washington found the following:

Not all programs tracked successful completion of the three-year service obligation, but estimates from those that did ranged from 70% in Wisconsin to more than 90% in other states. Thirteen states had collected data on physician retention in shortage areas beyond the initial 3-year obligation period. Most of the programs' retention data consisted of exit surveys on physicians' intent to remain in the community. Estimates from a handful of

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<sup>10</sup> NRMP, [https://www.nrmp.org/wp-content/uploads/2021/08/MRM-Results\\_and-Data\\_2021.pdf](https://www.nrmp.org/wp-content/uploads/2021/08/MRM-Results_and-Data_2021.pdf) (p.14)

<sup>11</sup> NRMP, [https://www.nrmp.org/wp-content/uploads/2021/08/MRM-Results\\_and-Data\\_2021.pdf](https://www.nrmp.org/wp-content/uploads/2021/08/MRM-Results_and-Data_2021.pdf) (p. 45)

<sup>12</sup> Brotherton SE, Etzel SI. Graduate Medical Education, 2020-2021. JAMA. 2021;326(11):1088–1110. doi:10.1001/jama.2021.13501

<sup>13</sup> <https://docs.house.gov/meetings/JU/JU01/20220215/114411/HHRG-117-JU01-Wstate-SkortonD-20220215.pdf>

states providing statistics were that 55-80% of physicians intended to remain in their communities upon completion of obligated service.

In some states, staff were able to track providers from a few months to ten years after service and, in one state, until providers left the state. Findings on retention after obligated service were as follows:

- In one state, 76% of physicians were in the same community for at least a few months post obligation.
- In another state, 40% of physicians remained at their original location 1 to 5 years post-obligation, dropping to 4% 5 to 10 years post-obligation.
- A study in Nebraska, looking back over a 10-year period from 2001 through 2010, found that 39% of physicians remained at their original location.
- In Wisconsin, a survey of rural employers that had hired waived physicians from 1996 through 2002 found that just over 40% of physicians remained with the same employer after five years, and just over 30% after seven years. It was not known, however, if physicians who left their original employer were still in the community or not.
- In Washington state, physicians with J-1 visa waivers from 1995 through 2003 had remained with their employers for a median time of 23 months post-obligation, for up to 10 years afterward, and in underserved communities (whether with the original employer or not) a median of 26 months post-obligation.<sup>14</sup>



The AAMC is deeply committed to improving the transition from medical school to residency — from the beginning of a student’s specialty research and selection process through the completion of residency and on to clinical practice. Supporting the well-being, training, professional development, and equitable treatment of all medical students and residents is critical to the health of the nation.

Thank you again for the opportunity to provide this supplemental statement. For additional information, please contact Matthew Shick, JD, AAMC Senior Director, Government Relations, at <mshick@aamc.org>.

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<sup>14</sup> Patterson DG, Keppel G, Skillman SM. Conrad 30 Waivers for Physicians on J-1 Visas: State Policies, Practices, and Perspectives. Final Report #157. Seattle, WA: WWAMI Rural Health Research Center, University of Washington, Mar 2016.