Testimony of Caleb C. Atkins, M.D.

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Before the U.S. House Judiciary Committee

Re: Competition Concerns in the U.S. Medical Residency Market

Title: Breaking the Bottleneck – A Doctor's Journey and the Urgent Need to Expand Rural Residency Training

Chairman and Members of the Committee,

Thank you for the opportunity to share my story as part of your investigation into competition-related issues in the medical residency market. My name is Dr. Caleb C. Atkins, and I am a family medicine resident in Watertown, New York — the rural hometown where I was raised and where I now plan to stay and serve.

But my journey to this point was anything but conventional. It took me nine years, across two states, a U.S. territory, and countless rejections, to finally be allowed to train and practice medicine in the United States — not because I lacked the qualifications, but because of a structural bottleneck in our graduate medical education (GME) system.

The Road No One Talks About: Nine Years Unmatched

I earned my medical degree from St. George's University in Grenada in 2013. Like many international medical graduates (IMGs), I believed that passing all my licensing exams and working hard would be enough. But in my final year of medical school, I failed to secure a residency spot through the National Resident Matching Program (NRMP). I reapplied the next year, and the year after that — again and again — and still went unmatched. I watched my classmates move on to practice while I was left in limbo.

I didn't give up. Over those nine years, I sought every way I could to contribute to the field. I volunteered at the Mary Rose Clinic in Rome, NY, caring for uninsured patients. I accepted a job in Missouri as an assistant physician. I moved to Puerto Rico, learned Spanish, and worked as a physician assistant. Eventually, I was selected to join an internado program — a non-ACGME transitional year — where I ran codes, admitted patients, and developed the clinical confidence that should have come years earlier.

Finally, after nearly a decade of trying, I was accepted into a family medicine residency program in my hometown. I am now in my final year of training and committed to remaining in rural upstate New York — an area long designated as medically underserved.

My experience is not unique. In the 2025 Match, over 12,500 applicants did not secure a residency position, including 3,692 U.S. medical graduates. Even after the Supplemental Offer and Acceptance Program (SOAP), nearly 10,000 applicants remained unmatched (see Figure below). Some stakeholders have expressed concern that the unmatched numbers reported by the NRMP may not fully reflect the scope of the issue, as they exclude applicants who paid for the Electronic Residency Application Services (ERAS) but were unable to rank programs due to not receiving any interviews. These individuals are categorized as "non-active applicants" and are not included in "active" unmatched numbers, yet to participate in the match they had to pass all required licensing exams and complete accredited medical school curricula and pay for the ERAS service. A significant number of them were prepared — and in many cases highly motivated — to serve in rural or underserved areas. Unfortunately, they were not afforded the opportunity to do so.

Number Unmatched by School Location	**2025**	**2024**	**2023**	**2022**	**2021**	**2020**	**2019**	**2018**
Active Unmatched from US Medical Schools	3245	3136	3079	3225	3410	2983	2898	2773
Non-active Unmatched from US Medical Schools	447	418	377	446	445	418	448	468
Active Unmatched US Citizens from Non-US Medical Schools	1479	1570	1607	1949	2143	2013	2083	2175
Non-active Unmatched US Citizens from Non-US Medical Schools	740	931	983	1011	1411	1156	1355	1342
Active Unmatched Non-US Citizens from Non-US Medical Schools	4812	4157	3437	3293	3587	2685	2841	3105
Non-active Unmatched Non-US Citizens from Non-US Medical Schools	1782	1826	1681	1596	2026	1369	1701	1866
Total number of applicants not able to enter residency	12505	12038	11164	11520	13022	10624	11326	11729
Total number of US applicants not able to enter residency	5911	6055	6046	6631	7409	6570	6784	6758

Unmatched Percentage	**2025**	**2024**	**2023**	**2022**	**2021**	**2020**	**2019**	**2018**
Unmatched from US Medical Schools	12	11	11	12	13	12	12	12
Unmatched US Citizens from Non-US Medical Schools	35	40	39	45	45	46	49	50
Unmatched Non-US Citizens from Non-US Medical Schools	52	47	47	48	52	45	49	51

***Unmatched from US Medical School= Seniors and Prior graduates of US allopathic and osteopathic schools**
***Active= Submitted a rank order list to the National Residency Matching Program**
***Non-active = No rank list (withdrew not included)**

Number Unmatched by school location	**2025**	**2024**	**2023**	**2022**	**2021**	**2020**	**2019**	**2018**
Unmatched from US Medical Schools	3692	3554	3456	3671	3855	3401	3346	3241
Unmatched US Citizens from Non-US Medical Schools	2219	2501	2590	2960	3554	3169	3438	3517
Unmatched Non-US Citizens from Non-US Medical Schools	6594	5983	5118	4889	5613	4054	4542	4971

	2025	**2024**	**2023**	**2022**	**2021**	**2020**	**2019**	**2018**
SOAP positions	2521	2,575	2658	2111	1773	1687	1768	2431
Total unmatched after the SOAP	9,984	9,463	8,506	9,409	11,249	8,937	9,558	9,298

Total number of unmatched in the last 8 years (2025-2018)	**76,404**

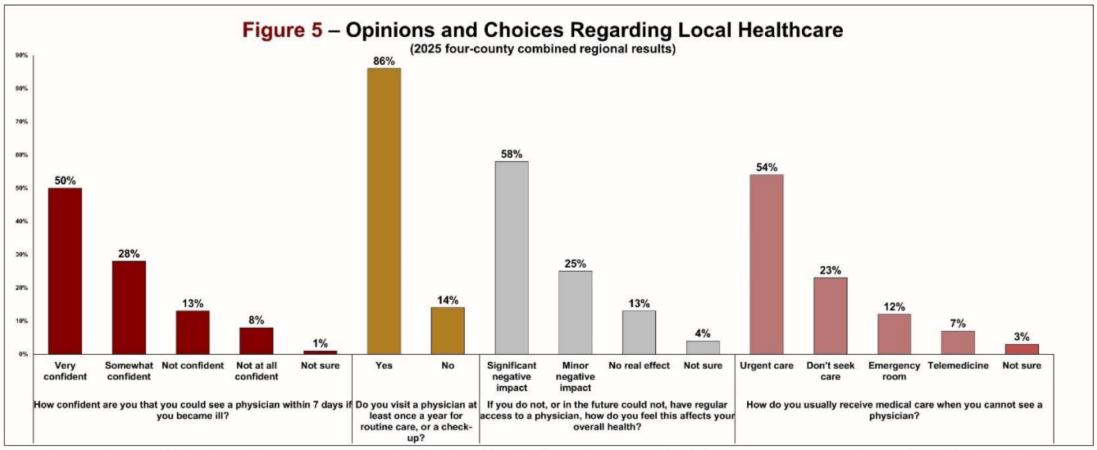
Figure: Unmatched Numbers

The root cause is not a lack of doctors, but a shortage of funded residency positions. These positions are capped by outdated Medicare funding rules that don't reflect modern workforce needs or demographic realities.

A System That Fails the Public

The consequences of our broken system are not abstract — they're visible in local health outcomes and in how people view their care. For example, the 2025 North Country regional survey (see Figure below) reveals a deep lack of confidence in the ability to access physicians promptly:

5. Opinions and Choices Regarding Local Healthcare



Local members of the healthcare community in the North Country provided four survey questions for this 2025 current issues study that they feel would be helpful in better understanding public opinion and choices among North Country adult residents. When asked "How confident are you that you could see a physician within 7 days if you became ill?" approximately one-half of participants (50%) responded with *very confident*, while one-in-five (21%) responded *not confident* or *not-at-all confident*. Almost nine out of ten North Country residents (86%) visit a physician at least once a year for routine care or a check-up. Over 80% of participants (83%) feel that if they could not have regular access to a physician then it would have a negative effect on their overall health, while only 13% feel that it would have no real effect. When local residents need but cannot see a physician for medical care, over one-half (54%) choose to visit an urgent care clinic, and almost one-quarter (23%) then do not seek care. (Tables 11-14)

Figure: Opinions and Choices Regarding Local Healthcare (North Country Health Survey, 2025)

- Only 50% of residents felt "very confident" they could see a physician within 7 days if they became ill, while 21% were not confident or not at all confident.
- When unable to access a physician, 66% rely on urgent care clinics and the emergency room — clear signs of system strain.
- Most tellingly, 14% of local residents do not visit a physician at least once a year, and 83% believe a lack of regular access would negatively impact their health.

This is the real cost of a training bottleneck — even communities who value and seek care cannot reliably access it.

Small Progress, Big Potential

In 2021, Congress took a modest but important step. Through the **Consolidated Appropriations Act**, several provisions were enacted:

- **Section 126** authorized **1,000 new Medicare-funded GME positions** — the first meaningful increase in decades.
- **Section 127** modified how rural and urban hospitals calculate residency caps, helping support **rural training tracks**.
- **Section 131** corrected penalties imposed on hospitals that had briefly hosted residents in the past.

These measures are a start — but they are not enough. The 1,000 new positions are being phased in at just 200 per year. That doesn't even cover the annual shortfall of U.S. graduates who go unmatched, let alone IMGs. Meanwhile, rural communities continue to suffer from provider

shortages, emergency department closures, and declining public health. In response, many health systems have turned to an overreliance on advanced practice practitioners (APPs) to fill the gap. While APPs are a vital part of the healthcare team, they are not a replacement for fully licensed physicians — especially in complex or underserved settings where the breadth of training matters most. Expanding physician residency opportunities, particularly in rural areas, is essential to ensuring patients have access to the full spectrum of care they need.

What We Need Now

To ensure every community has access to high-quality care, I urge the Committee to support bold, structural reforms:

1. Expand GME positions significantly, with a focus on rural and primary care training programs by reforming the way postgraduate medical education is funded in the US to include funding from all insurers who benefit from increased physician availability.
2. Continue expansion of dedicated rural residency tracks with strong incentives for physicians to train and stay in underserved areas.
3. Find ways to credit clinical experiences of unmatched but qualified graduates, particularly those with years of supervised experience in non-ACGME programs, clinics, or international practice for their prior clinical experience to shorten residency duration requirements where possible.
4. Improve transparency and fairness in the Match process to reduce waste, inequity, and burnout among applicants.

Why It Matters

I spent nearly a decade on the outside of a closed system — not because I wasn't ready to serve, but because the structure didn't allow it. In that time, I saw rural clinics struggle, hospitals close, and patients delay or forgo care. It is painful for me to think of all the patients that I could have helped over that time. Now, as I prepare to complete residency, I want to ensure no other community or aspiring physician has to face the same barriers.

The need is urgent. The solutions are within reach. Let's fix this problem so no patient is left without the care they deserve.

Thank you.

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