



Residency Selection Improvement Initiative Convening Summary

Prepared by X4 Health

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Summary

The American Academy of Family Physicians (AAFP) launched the Residency Selection Improvement Initiative (RSII) to address a persistent mismatch in the Family Medicine (FM) residency selection process. The current residency application and Match process is complicated and difficult to navigate for both applicants and residency programs. The number of family medicine residency programs is increasing, making it challenging for applicants and residencies to find each other. For applicants, it's a confusing journey, and for residencies and medical schools, it's a challenging system to manage. This complexity often leads to unfilled residency positions and unplaced applicants, increasing reliance on the stressful Supplemental Offer and Acceptance Program (SOAP) to fill remaining spots.

AAFP organized a 1.5-day convening on August 18-19, 2025, with a diverse group of stakeholders, including learners, program directors, medical school advisors, and representatives from key organizations to identify and explore near-term opportunities to improve the residency recruitment and selection processes for both applicants and residency programs. X4 designed a highly interactive process of analyzing the current workings of the residency selection process, identifying areas of friction and inefficiency, and generating a multitude of practical ideas that could change the system in the near term. X4 and the AAFP team then facilitated the process of filtering these ideas into key priorities. The convening identified four key priority areas for action which are described later in more detail.

1. Creating a Centralized Program Information Tool
2. Re-Imagining the Interviewing Process
3. Tiering the Match
4. Embracing IMG and Multi-Specialty Applicants

The RSII convening was a vital opportunity for stakeholders to collaborate to identify these priority areas and to ultimately fill all Family Medicine residency positions as effectively, efficiently, and economically as possible. The convening also identified immediate ideas for making these priorities actionable.

Context

The American Academy of Family Physicians launched a multi-year initiative Residency Selection Improvement Initiative (RSII) to assess whether the processes and systems associated with family medicine residency recruitment are meeting the needs of a growing primary care workforce.

Family Medicine has more residencies than any other specialty, with over 800 across the country. Despite the increasing number of family medicine residency positions, the number of applicants choosing family medicine in the main Match has remained stagnant. **Family medicine experiences a mismatch** in the main Match, with an increasing number of unfilled positions; **both residencies and applicants are going unmatched**. While the Supplemental Offer and Acceptance Program fills most of these vacancies, it is an extremely intensive and stressful process for a decision as significant as a career choice.



The goal of RSII is to **improve residency recruitment and selection processes to fill all family medicine residency positions in the most effective, efficient, and economical way possible**. This goal includes helping learners find family medicine programs that align with their values and interests and helping residency programs find the best possible learners for their program.

The RSII initiative is **focused by design to achieve meaningful impact in the near term and is clear in its focus**. AAFP recognizes that there is important work being addressed by other organizations and efforts (including some led by AAFP) that are outside the scope of this initiative. These include:

1. Factors influencing learners' specialty choice
2. Pathways to medical school (except as related to early residency commitment)
3. Family physician practice and payment issues

Convening

AAFP convened a multi-stakeholder group and held a 1.5 day convening on August 18-19, 2025, at AAFP headquarters to **assess the family medicine residency selection system, including the application, interview, and the National Resident Matching Program (NRMP) processes**. [X4Health](#), a purpose-driven organization with expertise in complex problem-solving, supported AAFP in designing the convening to pinpoint two to four key areas for change. The goal of the convening was to **identify improvements within the focus areas that could be implemented within one to two years and have a major positive impact on the residency selection process**.

Participants included a range of stakeholders, such as **medical students** and **residents** who shared their firsthand experiences with the application and matching process. **Residency program directors and administrators** offered insights into their programs' recruitment challenges, while **medical school advisors, deans and health system leaders** provided a broader perspective on the residency transition. Representatives from **family medicine academic** and **osteopathic organizations** advocated for their fields' interests, and staff from the **Association of American Medical Colleges (AAMC)** and the **National Residency Matching Program (NRMP)** contributed their expertise.

To identify the focus areas for improvement, convening attendees first worked in pairs to identify professional and personal capacities in the room that could be leveraged in service of the RSII goals. Next, presenters shared residency data to establish a common foundation of knowledge and facts among the attendees. Residents, medical students and residency program directors also shared on-the-ground personal stories with the residency selection process to animate the data. The first day concluded with AAFP providing an overview of the residency selection journey for both learners and residency programs, after which small groups analyzed the four journeys within the overall residency selection journey to identify friction points and potential solutions within each journey. In addition, attendees also shared some thoughts on what might be missing from the journeys to better reflect the residency selection process.

On the second day of the convening, attendees reviewed the focus areas generated by the previous day's discussion and were encouraged to add to those areas by thinking innovatively and ambitiously. Next the attendees worked in small groups to build out specific actions within each focus area and contemplated the following questions:



1. Who are the key players?
2. Are there any models, precedents, and examples we should draw from?
3. What are some immediate next steps?
4. Will these actions likely fill more residency positions?
5. Will these actions make the process easier, more efficient, and more economical for applicants?
6. Will these actions make the process easier, more efficient, and more economical for residency programs

The meeting concluded with attendees making requests and offers related to focus areas and a discussion of priority areas and next steps to maintain momentum for change, which are outlined below.

Priority Areas

Based on an analysis and an in-depth discussion of friction points, attendees generated a list of potential solutions to address the friction points. Attendees engaged in a discussion around thinking big and ensuring that the attendees were not missing any other transformative solutions for the residency selection process.

Four priority areas were identified. Discussions included descriptions of each of the priority areas, action steps with considerations, stakeholders that may need to be involved, and offers from organizational representatives within the convening to work together. The action steps in each of the priority areas were not exhaustive and will be a starting point for future discussions and next steps.

The convening identified four key priority areas for action:

1. **Creating a Centralized Program Information Tool:** A single, centralized repository would serve as a "one-stop shop" for learners to find comprehensive, up-to-date information on family medicine residency programs, enhancing their ability to find the right fit, and potentially reducing information reporting burdens for residency programs.
2. **Re-Imagining the Interviewing Process:** A new interview model including revised timing would provide greater transparency and clarity, reduce wasted resources, and minimize the stress and financial burden on applicants.
3. **Tiering the Match:** Alternate tiered or multi-phase Match processes could encourage the filling of residency spots, reduce reliance on SOAP, and allow learners with a strong commitment to Family Medicine to match earlier.
4. **Embracing IMG and Multi-Specialty Applicants:** Strategies to better support and reduce stigma for International Medical Graduates (IMGs) and multi-specialty applicants are crucial. This focus area includes an exploratory phase to better understand their unique experiences and identify opportunities for greater inclusion.

The American Academy of Family Physicians will play a key role in connecting these stakeholders, forming working groups, and continuing the conversation to facilitate near-term action. There is general enthusiasm and support from the convening to generate momentum to move this work forward.