

NRMP® Match Day results: record-breaking 2023 Main Residency Match®

The National Resident Matching Program® (NRMP®) celebrated the landmark milestone that is “Match Day” for the 2023 Main Residency Match with residency applicants, training programs, medical schools, and the medical education community. In the largest Match in NRMP’s 70-year history, there was a record number 42,952 applicants who certified a rank order list (“active applicants”) and 40,375 certified positions.

“The 2023 Main Residency Match proved once again to be a highly successful Match with outstanding results for participants. We were excited to see the record number of primary care positions offered in this year’s Match and how the number of positions has consistently increased over the past five years, and most importantly, the fill rate for primary care has remained steady,” says NRMP President and CEO **DONNA L. LAMB, DHSC, MBA, BSN.**

RESULTS

Application numbers

- There were 48,156 total applicants registered in the 2023 Main Residency Match, an increase of 481 applicants over last year. This rise in applicants was driven primarily by the increase of 707 more non-U.S. citizen IMG applicants and 153 more U.S. Osteopathic (DO) seniors over last year.
- Surprising this year was the decrease in the number of U.S. MD seniors registered for the Match, a decrease of 236 registered applicants over last year. The number of U.S. MD seniors certifying a rank order list also declined, from 19,902 seniors last year to 19,748 seniors this year.
- There were 42,952 applicants who certified a rank order list in the 2023 Main Residency Match, which is the highest number on record and an



Benjamin Gallo Marin on Match Day at the Alpert Medical School was thrilled to find out he matched in dermatology at Stanford. [COURTESY OF BENJAMIN GALLO MARIN]

NRMP® Match Day Rhode Island Results

| RHODE ISLAND | Pos. | Applicant Type | | | | | | | | % MD | % Sr | % Tot |
|---|------|----------------|-------|-------|-------|-------|--------|-----|-----|------|------|-------|
| | | No. Filled | MD Sr | MD Gr | DO Sr | DO Gr | US IMG | IMG | Oth | | | |
| Anesthesiology (PGY-2) | 16 | 16 | 13 | 2 | 0 | 0 | 0 | 1 | 0 | 81.3 | 100 | |
| Anesthesiology (Physician) | 4 | 4 | 0 | 4 | 0 | 0 | 0 | 0 | 0 | 0.0 | 100 | |
| Dermatology (PGY-2) | 4 | 4 | 4 | 0 | 0 | 0 | 0 | 0 | 0 | 100 | 100 | |
| Emergency Medicine (PGY-1) | 22 | 22 | 13 | 1 | 5 | 0 | 3 | 0 | 0 | 59.1 | 100 | |
| Family Medicine (PGY-1) | 16 | 16 | 13 | 0 | 2 | 0 | 1 | 0 | 0 | 81.3 | 100 | |
| Internal Medicine (PGY-1) | 94 | 88 | 50 | 1 | 16 | 1 | 4 | 16 | 0 | 53.2 | 93.6 | |
| Internal Medicine/Pediatrics (PGY-1) | 4 | 4 | 3 | 0 | 0 | 0 | 1 | 0 | 0 | 75.0 | 100 | |
| Interventional Radiology (Integrated) (PGY-2) | 2 | 2 | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 50.0 | 100 | |
| Neurological Surgery (PGY-1) | 2 | 2 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 100 | 100 | |
| Neurology (PGY-2) | 6 | 6 | 5 | 0 | 0 | 0 | 0 | 1 | 0 | 83.3 | 100 | |
| Obstetrics and Gynecology (PGY-1) | 8 | 8 | 8 | 0 | 0 | 0 | 0 | 0 | 0 | 100 | 100 | |

Key: Pos.= of positions filled in the match; No. Filled=No. of positions filled; MD Sr=U.S. allopathic seniors; MD Gr=prior U.S allopathic graduates; DO Sr=U.S. osteopathic seniors; DO Gr=prior U.S. osteopathic graduates; US IMG=U.S. citizen graduates of international medical schools; IMG=non-U.S. citizen graduates of international medical schools; Oth=5th Pathway and Canadian medical schools graduates; % Sr=percent of positions filled by U.S. seniors; % Tot = percent of positions filled.

increase of 403 applicants over last year. Of the total number of applicants who certified a rank order list, 34,822 of those matched to a first-year position (PGY-1 position) at a rate of 81.1 percent, an increase of 1.0 percentage point over last year.

- In the 2023 Main Residency Match, there were 1,239 couples participating. Of these couples, 1,095 had both partners match and 114 had one partner match to residency training programs for a match rate of 93.0 percent.

Program and Position Participation

- The 2023 Main Residency Match had the largest number of certified positions in history with 40,375, an increase of 1,170 positions and 3.0 percentage points more than the 2022 Main Residency Match and an increase of 14.8 percent over the last five years.
- Of all positions offered, 37,690 filled for a rate of 93.3 percent, which is less

than a one percentage point decline from 2022. Of the 37,425 PGY-1 positions offered, which includes preliminary and transitional year positions (one year of training), 34,822 filled for a rate of 93.0 percent. The fill rate for categorical positions (positions that provide the full training required for specialty board certification) was 97.5 percent. There were 6,270 total certified programs, which was an increase of 183 programs from 2022. Out of the total certified programs, 5,431 filled at a rate of 86.6 percent, a decrease of 1.6 percentage points over last year.

- Specialties with 30 positions or more that filled all available positions in the 2023 Main Residency Match were Orthopedic Surgery, Plastic Surgery (Integrated), Radiology – Diagnostic, and Thoracic Surgery.
- Emergency Medicine placed 3,010 positions in the 2023 Match and had 554 positions remain unfilled, an increase of 335 more unfilled positions than last year. The number of unfilled positions, driven in part by the decreased number of U.S. MD and U.S. DO seniors who submitted ranks for the specialty, could reflect changing applicant interests or projections about workforce opportunities post residency.

Number of Primary Care Positions Hit an All-Time High

- In the face of a serious and growing shortage of primary care physicians across the U.S., there was a record number of primary care positions offered in the 2023 Main Residency Match. There were 571 more primary care positions than 2022, an increase of 3.2 percent over last year and an increase of 17.0 percent over the last five years. Primary care positions also filled at a rate of 94.2 percent, which remained steady from last year.

Specialty Highlights and Competitiveness

- The specialties with increases in the number of positions filled by U.S. MD seniors of more than ten percent and ten positions in the last five years (2019 – 2023) were Anesthesiology, Child Neurology, Interventional Radiology, Neurology, Pathology, Physical Medicine & Rehabilitation, Plastic Surgery (Integrated), Psychiatry, Radiology-Diagnostic, Transitional Year, and Vascular Surgery.
- The specialties with increases in the number of positions filled by U.S. DO seniors of more than ten percent and ten positions in the last five years (2019–2023) were Child Neurology, Emergency Medicine, Family Medicine, Internal Medicine, Medicine-Pediatrics, Medicine-Primary, Neurology, Obstetrics & Gynecology, Orthopedic Surgery, Otolaryngology, Pathology, Pediatrics, Physical Medicine & Rehabilitation, Psychiatry, Surgery, Surgery-Preliminary, and Transitional Year. While this may indicate a trend, this may also represent the maturation of the Single Accreditation System and the single Match.
- The specialties with 30 positions or more that filled with the highest percentage of U.S. MD and DO seniors were Plastic Surgery (Integrated) (92.3 percent), Internal Medicine – Pediatrics (90.5 percent), Obstetrics & Gynecology (90.1 percent), and Orthopedic Surgery (90.0 percent).
- The specialties with 30 positions or more that filled with the highest percentage of U.S. citizen IMGs and non-U.S. citizen IMGs were Internal Medicine (41.3 percent), Pathology – Anatomic and Clinical (40.9 percent), Medicine – Primary (33.3 percent), and Family Medicine (30.0 percent).

Supplemental Offer and Acceptance Program® (SOAP®)

- Applicants who did not match to a residency position participated in the NRMP's Match Week Supplemental Offer and Acceptance Program (SOAP) to try to obtain an unfilled position. This year, 2,685 positions were unfilled after the matching algorithm was processed, 423 more positions and an increase of 18.7 percent over last year. Of those unfilled positions, 2,658 were placed in SOAP, 396 more positions and an increase of 17.5 percent over last year. SOAP results will be available in the 2023 *Main Residency Match Results and Data Book*, which is published in the Spring. ❖

New \$1M planning grant to expand mental health & substance use care in RI

WASHINGTON, DC – In an effort to expand access to mental health and substance use services, U.S. Senators **JACK REED** and **SHELDON WHITEHOUSE** and Congressmen **DAVID CICILLINE** and **SETH MAGAZINER** announced that Rhode Island is one of fifteen states that will receive a \$1 million, one-year planning grant to be considered among the final ten states that will be chosen in 2024 to participate in the Certified Community Behavioral Health Clinic (CCBHC) Medicaid demonstration program.

This new federal award, administered by the U.S. Department of Health and Human Services' (HHS) Substance Abuse and Mental Health Services Administration (SAMHSA), will help enhance access to comprehensive mental health and substance use care. The competitive grant award positions the state to work with behavioral health providers and further develop plans to invest in CCBHCs.

CCBHCs are specially designated mental health clinics that must meet rigorous federal standards, such as serving anyone who needs care regardless of their ability to pay, providing 24/7 crisis services, and delivering developmentally appropriate care to children and youth.

The CCBHC model provides integrated mental health, substance use disorder, behavioral health, and medical care as well as 24/7 access to crisis intervention services. Certified Community Behavioral Health Clinics aim to swiftly treat any patient in need of care, regardless of diagnosis or insurance status.

The purpose of the CCBHC planning grants is to support states in their development of proposals to participate in a

time-limited CCBHC Demonstration program. States develop and implement certification systems for CCBHCs, establish prospective payment systems (PPS) for Medicaid reimbursable services, and prepare applications to participate in the CCBHC Demonstration program. CCBHCs are designed to ensure access to coordinated comprehensive behavioral health care. CCBHCs are required to serve anyone who requests care for mental health or substance use, regardless of their ability to pay, place of residence, or age – including developmentally appropriate care for children and youth. The award also places Rhode Island in contention for additional federal dollars that would help cover the cost of the transition to CCBHCs.

Rhode Island and the other fourteen states will use the funding to compete for ten CCBHC “demonstration program” awards. CCBHCs receive Medicaid reimbursements that are based on the approved actual cost of services that the clinics provide, and clinics in states that participate in the demonstration program will receive Medicaid reimbursements at higher rates, helping to reduce the costs borne by those states.

In addition to Rhode Island, the other fourteen states selected are: Alabama, Delaware, Georgia, Iowa, Kansas, Maine, Mississippi, Montana, New Hampshire, New Mexico, North Carolina, Ohio, Vermont, and West Virginia.

In the United States, only 45 percent of adults with any mental health condition and 10 percent of adults with any substance use disorder received treatment in 2019, according to SAMHSA. ❖

Gateway Healthcare receives \$796K to increase RI children's, teens' access to intensive home-based trauma therapy

PAWTUCKET – Gateway Healthcare announced that it has received a two-year \$796,757 National Child Traumatic Stress Initiative grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) to implement a project called, “Scaling Up Access to Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) for Children in Rhode Island.”

The intent of the new project, which will focus on providing care for children and their families who are Black, indigenous and people of color (BIPOC), is to increase the number of children in Rhode Island who have access to a specific

evidence-based trauma treatment, or TF-CBT, by increasing the number of trained providers.

“Gateway is a known local provider of trauma services for children and families in need. This newest community effort is particularly exciting because we will be training more providers in a well-researched trauma treatment model,” said psychologist **DEIDRE DONALDSON, PhD, ABPP**, project manager for the grant award. “Our goal is to provide Rhode Island children, and particularly those who are BIPOC, with better access to effective trauma treatment.”

The work will focus on ages 5–18 who

have experienced significant trauma and are exhibiting symptoms such as anxiety, depression, self-harm, disruptions in eating and sleeping, physical ailments and/or co-occurring mental and substance use disorders.

In addition to providing evidence-based trauma treatment and services to children in RI, project strategies and interventions include growing the trauma resources in RI by bringing together organizations that support specific target populations and expanding the number of clinicians in the state with both child expertise and training in TF-CBT by no less than 65 over a two-year period. ❖

House OKs Edwards bill renewing state's commitment to harm reduction pilot program to combat overdose deaths

STATE HOUSE – The House of Representatives passed legislation introduced by Majority Floor Manager **JOHN G. EDWARDS** (D-Dist. 70, Tiverton) that would extend a two-year pilot program to prevent drug overdoses through the establishment of harm reduction centers, which are a community-based resource for health screening, disease prevention and recovery assistance where persons may safely consume pre-obtained substances.

In addition to adding another two years to the program, the bill (2023-H 5044) would also permit the smoking of pre-obtained substances within a harm reduction center. It would still require the approval of the city or town council of any municipality where the center would operate.

With passage of the original law in 2021, Rhode Island became the first state in the union to sanction the operation of harm reduction centers by authorizing a pilot program. Several nations have allowed supervised injection sites for years.

“Not only do harm reduction centers severely mitigate the chance of overdose, they are a gateway to treatment and rehabilitation of people with substance abuse disorder,” said Representative Edwards. “This program, which has seen so much success over the globe, is just getting started in Rhode Island. These locations will be under the supervision of trained medical staff who can direct addicts toward substance use disorder treatment. It’s a way to tackle this epidemic while saving lives in the process.”

Project Weber/RENEW is partnering with CODAC Behavioral Healthcare to open a clinic on Huntington Avenue in Providence where people can use drugs under the supervision

of a trained and experienced staff who will guide users toward recovery and support services.

Studies of supervised injection facilities in other countries have demonstrated that they reduce overdose deaths and transmission rates for infectious disease, and increase the number of individuals who seek addiction treatment, without increasing drug trafficking or crime in the areas where they are located, according to the American Medical Association.

“Since we enacted this law, the opioid crisis has only gotten worse,” said Representative Edwards. “We went from 384 overdose fatalities that year to 435 the following year, according to the state medical examiner. What we’ve been doing isn’t working; the crisis has touched every family in the state. This program will save the lives of hundreds of Rhode Islanders.”

Representative Edwards has long been in the vanguard of legislation addressing the opioid crisis, and was selected as a 2019 Opioid Policy Fellow for the National Conference of State Legislatures. That same year, he sponsored a state law to improve hospital discharge planning to better help patients with drug and mental health emergencies with recovery.

In 2021, the General Assembly enacted a law he introduced to exclude the possession of buprenorphine from those controlled substances that can result in criminal penalties. Buprenorphine is a prescription drug used to treat opioid use disorder.

The bill now moves to the Senate, where similar legislation (2023-S 0026) has been introduced by Sen. Joshua Miller (D-Dist. 28, Cranston, Providence), chairman of the Senate Committee on Health and Human Services. ❖