# Annual Report: Update on California's Physician Workforce, 2025

by Healthforce Center at UCSF

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**Abstract / Overview**
The California Revenue and Taxation Code 30130.57 requires the University of California to annually review physician shortages by specialty across the state and by region. This report satisfies that requirement. It provides California policymakers with up-to-date information about the state's physician workforce and the pipeline of trainees in the state's medical schools and graduate medical education (GME) programs, often referred to as residency programs. This report focuses on the five specialties for which the CalMedForce program, established pursuant to Proposition 56, provides grants for residency training: family medicine, internal medicine, pediatrics, obstetrics/gynecology, and emergency medicine.

## Contents

## Introduction

California continues to face major physician workforce challenges. The National Center for Health Workforce Analysis projects that the state has a shortage of 3,490 primary care physicians[1] in 2025 (NCHWA, 2025). California's physicians are also unevenly distributed relative to the state's population (Coffman and Fix, 2025; Coffman, Fix, & Ko, 2018).

During the 2023-2024 academic year, California had 9,104 medical students and 14,442 medical residents and fellows (AAMC, 2025c). Although California has the third largest number of medical students across the 50 states, the District of Columbia, and Puerto Rico and the second largest number of medical residents and fellows, it has fewer medical students per capita than many other states. As of the 2023-2024 academic year, the mean ratio of medical students (MD and DO) per 100,000 population across the 50 states, the District of Columbia, and Puerto Rico was 41, whereas California had a ratio of 23 medical students per 100,000 population in California (Association of American Medical Colleges [AAMC], 2025b). The ratio of residents/fellows in programs accredited by the Accreditation Council for Graduate Medical Education (ACGME) per 100,000 population in California (37) is also lower than the mean ratio of residents/fellows in ACGME-accredited programs for U.S. states and territories (48) (AAMC, 2025b).

Although the numbers of medical school and residency program graduates are growing in California and other states, the number of new graduates practicing in California will not be adequate to replace all physicians who will reach retirement age during the coming decade or decide to retire early, reduce their work hours, or leave the profession. In 2023, 25 percent of active physicians in the state were age 65 or older, a percentage that is slightly larger than the percentage in the United States overall (23 percent) (AAMC, 2025b). In addition, physicians nationwide are working fewer hours than they did in the past (Goldman & Barnett, 2022). The challenge of an aging physician workforce is acute in the Northern and Sierra region of California, which has the highest percentages of emergency medicine physicians, family medicine physicians, general internists, and obstetrician/gynecologists practicing 20 or more hours per week who were age 65 years or older (Healthforce Center, 2024).

California's strategies for addressing physician workforce challenges include funding graduate medical education (GME), often referred to as residency, in specialties of high need. Proposition 56, which was approved by voters in 2016, increased California's state tobacco tax and allocated a portion of revenue ($40 million) annually to the University of California (UC) to "sustain, retain, and expand" California's residency training programs. UC contracted with Physicians for a Healthy California to administer a statewide GME grant program, known as CalMedForce. Under the terms of Proposition 56, CalMedForce must provide grants to residency programs in five specialties: emergency medicine, family medicine, general internal medicine, general pediatrics, and obstetrics/gynecology. Combined residency programs that include these specialties, such as internal medicine/pediatrics and internal medicine/psychiatry, are also eligible to apply for CalMedForce grants. CalMedForce is authorized to fund residency programs in other specialties in which shortages exist but has not expanded outside of the five specialties due to high demands for funding within the existing specialties. Grantees are selected based on their ability to expand California's physician workforce with an emphasis on their ability to meet the needs of medically underserved populations.

[1] Primary care physicians encompass family physicians, general internists, and general pediatricians.

## Medical School

### Medical Schools in California

California has a total of 16 medical schools. Thirteen medical schools award Doctor of Medicine (MD) degrees, six of which are part of the University of California (i.e., public) and seven of which are private. California also has three medical schools that award Doctor of Osteopathic Medicine (DO) degrees, all of which are private. Eight of the ten private medical schools are not-for-profit (six MD, two DO) and two are for-profit (one MD, one DO). Of the 16 medical schools, 13 had graduates during the 2023-2024 academic year, the most recent year for which data are available for both MD- and DO-granting schools. These medical schools had a total of 1,833 graduates in 2024, of which 1,433 received an MD degree and 400 received a DO degree. Three medical schools are new schools that did not have any students ready to graduate in 2022-2023.

**Table 1. Medical Schools in California by Ownership Type, Location, and Number of Graduates**

| Medical School | City | Initial Year of Accreditation | Number of Graduates, 2022-2023 | Number of Graduates, 2023-2024 |
|---|---|---|---|---|
| **MD-granting Medical Schools (Allopathic)** | | | | |
| **Public** | | | | |
| University of California, San Francisco | San Francisco | On or prior to 1942* | 188 | 173 |
| University of California, Los Angeles | Los Angeles | 1951 | 183 | 168 |
| University of California, Irvine | Irvine | 1961 | 103 | 100 |
| University of California, Davis | Sacramento | 1967 | 108 | 115 |
| University of California, San Diego | La Jolla | 1968 | 114 | 144 |
| University of California, Riverside | Riverside | 2012 | 63 | 66 |
| **Total Public MD-granting Schools** | | | **759** | **766** |
| **Private Not-for-profit** | | | | |
| Loma Linda University | Loma Linda | On or prior to 1942* | 149 | 175 |
| Stanford University | Palo Alto | On or prior to 1942* | 87 | 76 |
| University of Southern California | Los Angeles | 1949 | 161 | 174 |
| California University of Science and Medicine | Colton | 2018 | 80 | 113 |
| Kaiser Permanente Bernard J. Tyson | Pasadena | 2019 | ---- | 37 |
| Charles R. Drew University of Medicine and Science | Los Angeles | 2022 | ---- | ---- |
| **Total Private Not-for-profit MD-granting Schools** | | | **477** | **575** |
| **Private For-profit** | | | | |
| California Northstate University | Elk Grove | 2015 | **98** | **92** |
| **Total MD-granting Medical Schools** | | | **1,334** | **1,433** |

| DO-granting Medical Schools (Osteopathic) | City | Initial Year of Accreditation | Number of Graduates, 2022-2023 | Number of Graduates, 2023-2024 |
|---|---|---|---|---|
| **Private Not-for-profit** | | | | |
| Western University of Health Sciences | Pomona | 1978 | 226** | 218 |
| Touro University[2] | Vallejo | 1997 | 135 | 116 |
| **Total Private Not-for-profit DO-granting Schools** | | | 361 | 334 |
| **Private For-profit** | | | | |
| California Health Sciences University | Clovis | 2020 | ---- | 66 |
| **Total – DO-granting Medical Schools** | | | **361** | **400** |
| | | | | |
| **Total – All Medical Schools** | | | **1,695** | **1,833** |

* Program was accredited prior to the founding of the Liaison Committee on Medical Education (LCME) in 1942.

** Prior to the academic year 2022-23, graduates of Western University of Health Sciences College of Osteopathic Medicine of the Pacific (WesternU/COMP) – Northwest, which is located in Oregon, were included with its parent campus WesternU/COMP, located in Pomona, California. As a consequence, the number of graduates of WesternU/COMP's California campus has been overstated since WesternU/COMP – Northwest graduated its first class in 2015.

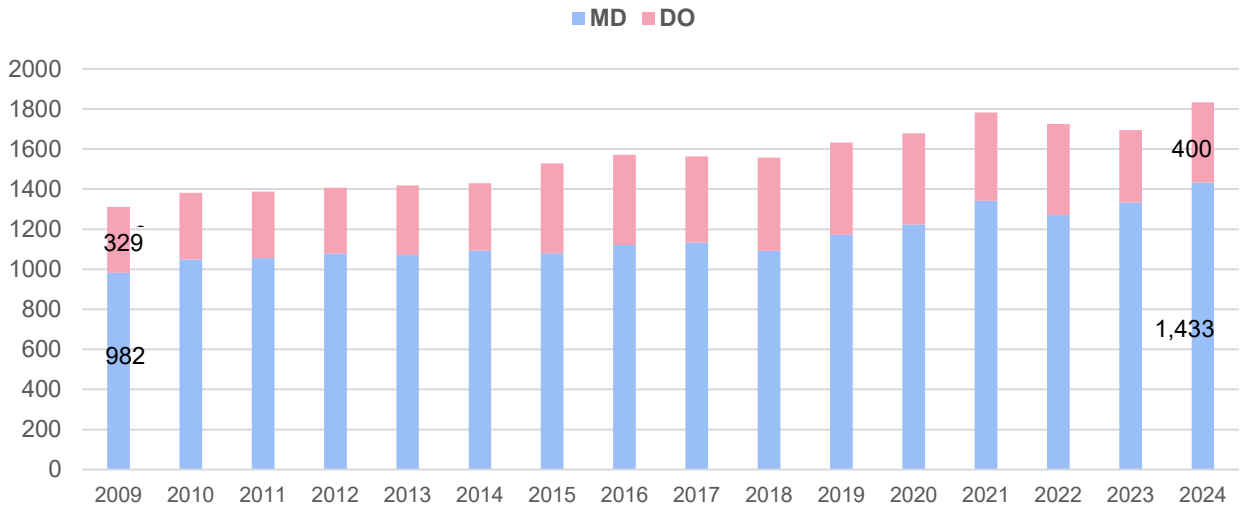
**Sources:** American Association of Colleges of Osteopathic Medicine (AACOM), Osteopathic Medical College Graduates by Race/Ethnicity. American Osteopathic Association (AOA), Colleges of Osteopathic Medicine Directory. Association of American Medical Colleges (AAMC), FACTS: Enrollment, Graduates, and MD-PhD Data. Table B-2.2: Total Graduates by U.S. MD-Granting Medical School and Gender, 2020-2021 through -2024-2025. Liaison Committee on Medical Education (LCME), Accredited MD Programs in the United States.

## Trends in Numbers of Graduates of California Medical Schools

As Figure 1 illustrates, the number of graduates of California medical schools increased by 40 percent between 2009 and 2024. This was due to the opening of four new MD-granting medical schools (California Northstate University, California University of Science and Medicine, Kaiser Permanente Bernard J. Tyson, and the University of California, Riverside) and one new DO-granting medical school (California Health Sciences University), and increases in enrollment at some MD- and DO-granting medical schools. Overall, the number of graduates of MD-granting schools increased by 46 percent and the number of graduates of DO-granting schools increased by 22%  percent between 2009 and 2024.

[2] The Touro University College of Medicine in California is part of the Touro University System, which was founded in 1970 in New York City. https://www.touro.edu/about/our-history/ Touro University System currently operates five medical schools;  one in California, one in Montana, one in Nevada, and two in New York. https://osteopathic.org/index.php?aam-media=/wp-content/uploads/2018/03/colleges-of-osteopathic-medicine.pdf

**Figure 1. Graduates of California Medical Schools (MDs and DOs), 2009 to 2024**




**Sources:** AACOM, Osteopathic Medical College Graduates by Race/Ethnicity. AAMC, FACTS: Enrollment, Graduates, and MD-PhD Data - Table B-2.2: Total Graduates by U.S. MD-Granting Medical School and Gender, 2009 through 2013. AAMC, FACTS: Enrollment, Graduates, and MD-PhD Data - Table B-2.2: Total Graduates by U.S. MD-Granting Medical School and Gender, 2013-2014 through 2016-2017. AAMC, 2022 FACTS: Enrollment, Graduates, and MD-PhD Data - Table B-2.2: Total Graduates by U.S. MD-Granting Medical School and Gender, 2017-2018 through 2021-2022. AAMC, 2024 FACTS: Enrollment, Graduates, and MD-PhD Data. Table B-2.2: Total Graduates by U.S. MD-Granting Medical School and Gender, 2020-2021 through 2024-2025 [PDF file]. Retrieved December 12, 2025, from https://www.aamc.org/data-reports/data/2024-facts

Across the 12 MD-granting schools that had graduates in 2024, the total number of graduates *increased* by seven percent between 2023 and 2024. However, there was substantial variation in graduation trends across the 12 MD-granting schools. The number of graduates increased at three MD-granting schools and decreased at five MD-granting schools. The California University of Science and Medicine had the largest increase in graduates (+33) and the University of California, Los Angeles and the University of California, San Francisco had the largest decreases in graduates (-15).

In recent years, the increase in the number of medical school graduates has been due to the opening of new medical schools. In 2024, the California Health Sciences University (CHSU) graduated its first class of 66 students (CHSU, 2024) and the Kaiser Permanente Bernard J. Tyson School of Medicine graduated its first class of 37 students (AAMC 2025a). The Charles R. Drew University of Medicine and Science (CDU), a Historically Black College and University and a Hispanic-Serving Institution, received preliminary accreditation from the Liaison Committee on Medical Education (LCME), the organization that accredits MD-granting medical schools, in 2022 and enrolled its inaugural class of 61 students in July 2023 (AAMC 2024).[3] The members of CDU's inaugural class will graduate in 2027.

In 2022 and 2023, the LCME website listed the American University of Health Sciences School of Medicine, a private for-profit university located in Signal Hill (Los Angeles County), as an applicant for accreditation as an MD-

[3] CDU has trained medical students for many years in partnership with the University of California, Los Angeles (UCLA), with UCLA awarding students' degrees. CDU now provides the full four-year medical school curriculum and will award its own degrees as an independent medical school.

granting medical school. As of August 2025, this university is no longer on the LCME's list of applicants for accreditation (LCME, 2025b). Since that time, another university, Aria University (formerly University of Silicon Andhra) applied to the LCME for accreditation (LCME, 2025b).

**Matriculation of Californians into MD-granting Medical Schools in California**

Forty-two percent of Californians who apply to MD-granting medical schools matriculate at an MD-granting medical school in California (AAMC, 2025b). This percentage is lower than the percentage of applicants matriculating at in-state MD-granting schools in the U.S. overall (60 percent).

**Retention of Graduates of California Medical Schools**

California leads the nation in retention of medical students. Sixty-three percent of physicians who graduate from a California medical school practice in California after completing residency. Among graduates of medical schools in California who complete residency in California, 82 percent practice in California. (AAMC, 2025b).

## Graduate Medical Education

Following medical school, physicians are required to complete residency to obtain the required clinical experiences for board certification and gain competency in their chosen specialty so they may safely practice independently. Physicians who wish to become sub-specialists complete additional years of fellowship training after they complete residency (e.g., cardiologists complete a residency in internal medicine followed by a fellowship in cardiology). The Accreditation Council for Graduate Medical Education (ACGME) accredits training programs in approximately 182 specialties and subspecialties (ACGME, n.d.). Specific requirements for obtaining and maintaining accreditation vary across specialties as do requirements for board certification.

Most residency positions in the United States are filled through the National Residency Matching Program (NRMP), often referred to as the "Match." The purpose of the "Match" is to provide a uniform process by which applicants and residency and fellowship programs can select one another. "Matches" are made by using a computerized algorithm that analyzes the rank order lists compiled by applicants and program directors. Physicians completing MD- or DO-granting medical schools in the U.S. are eligible to participate in the "Match" as are graduates of international medical schools (IMGs) who have been certified by the Educational Commission for Foreign Medical Graduates, an organization that reviews and assesses the credentials of IMGs who seek admission to U.S. residency programs. The percentage of available positions filled in the "Match" is an indicator of interest in the specialty among medical school graduates.

### Number of Programs

#### All Specialties

California has 1,298 ACGME-accredited residency and fellowship programs during the 2025-2026 academic year, an increase of 73 programs from 2023-2204. These programs consisted of 567 specialty residency programs and 731 subspecialty fellowship programs that provide additional training to physicians who wish to subspecialize within their specialty (ACGME Cloud, n.d.). Of the 1,298 residency and fellowship programs, the ACGME considers 522 to be "pipeline programs" because physicians who complete these programs are eligible for board certification in their specialties. Nineteen are transitional year programs that provide physicians with one or more years of preliminary training prior to entering a residency program in a specialty. Some programs in some specialties, such as dermatology, neurology, and radiology, only admit physicians who have completed preliminary training. In addition, 26 specialty residency programs enroll physicians who have completed a "pipeline program." Between 2023-2024 and 2023-2024, the number of residency programs that lead to initial board eligibility increased by eight percent (39 programs) and the number of subspecialty fellowship programs for persons who have completed a "pipeline program" increased by four percent (27 programs). The number of transitional year programs increased by 58 percent (7 programs) (ACGME Cloud, n.d.). The number of specialty residency programs that enroll physicians who have completed a "pipeline program" did not change.

### CalMedForce Specialties

In 2025, among specialties in which CalMedForce funds single specialty or combined residency programs, California has 26 emergency medicine residency programs, 84 family medicine residency programs, 67 internal medicine residency programs, four internal medicine/pediatrics residency programs[4], 25 obstetrics/gynecology residency programs, and 18 pediatrics residency programs all of which are accredited (ACGME, 2025). Rates of growth in number of residency programs have varied across these five specialties. Between 2024 and 2025, fifteen additional residency programs in CalMedForce specialties were added to the ACGME directory of accredited programs: five in family medicine, nine in internal medicine, and two in obstetrics/ gynecology. No new emergency medicine, internal medicine/pediatrics, or pediatrics programs opened between 2024 and 2025.[5,6]

**Table 2. Number of California Residency Programs in CalMedForce Specialties, 2020 to 2025**

| Year | Emergency Medicine | Family Medicine | Internal Medicine | Internal Medicine/ Pediatrics | Obstetrics/ Gynecology | Pediatrics |
|---|---|---|---|---|---|---|
| **2020** | 22 | 69 | 44 | 4 | 21 | 16 |
| **2021** | 24 | 70 | 49 | 4 | 21 | 17 |
| **2022** | 25 | 72 | 52 | 4 | 23 | 17 |
| **2023** | 26 | 76 | 55 | 4 | 23 | 17 |
| **2024** | 26 | 79 | 58 | 4 | 23 | 18 |
| **2025** | 26 | 84 | 67 | 4 | 25 | 18 |

**Source:** ACGME, Program Search.

## Number of Residents and Fellows

### All Specialties

During the 2025-2026 academic year, a total of 16,491 residents and fellows are enrolled in ACGME-accredited programs in California. Of these residents and fellows, 13,160 (80 percent) were enrolled in residency programs leading to eligibility for initial board certification, 217 (1 percent) were enrolled in a transitional year program, 64 (< 1 percent) were enrolled in specialty residency programs for physicians who have completed a "pipeline program," and 3,050 (18 percent) were enrolled in subspecialty fellowship programs (ACGME Cloud, n.d.).

[4] Internal medicine/pediatrics residency programs are four-year residency programs that prepare physicians for board certification as both internists and pediatricians.

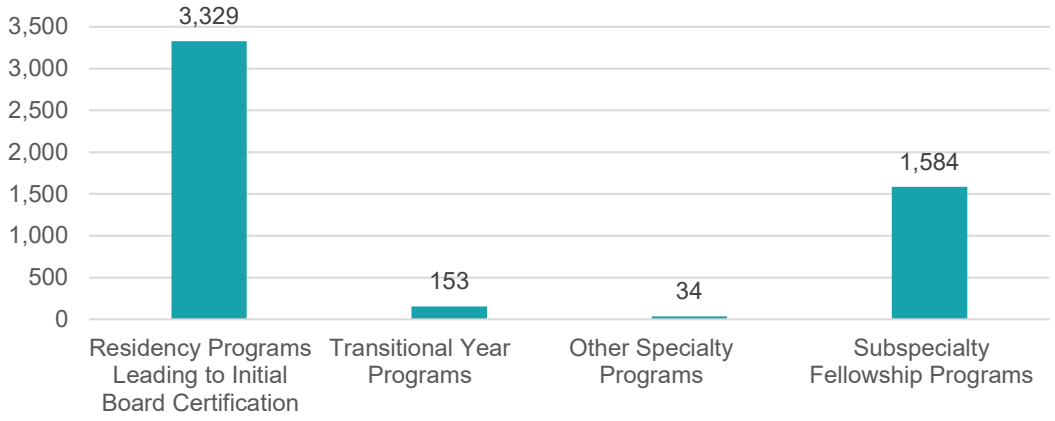
[5] The ACGME also tracks combined residency programs in emergency medicine/family medicine, emergency medicine/pediatrics, and family medicine/internal medicine but there are none of these types of residency programs in California.

[6] The number of accredited residency programs in CalMedForce specialties exceeds the number of institutions that participate in the National Resident Matching Program (NRMP) because some institutions sponsor multiple programs and because others do not receive accreditation in time to participate in the NRMP. In addition, residency programs sponsored by military medical facilities in California and other states do not participate in the NRMP because they participate in a separate matching program that is open only to residency programs sponsored by military medical facilities and to residents who participate in the military's Health Professions Scholarship Program or are enrolled at the Uniformed Services University of Health Sciences.

Between 2023-2024 and 2025-2026, the total number of residents and fellows enrolled in ACGME-accredited programs in California grew by four percent (ACGME Cloud, n.d.).

During the 2023-2024 academic year (latest year available), 5,010 persons graduated from ACGME-accredited residency and fellowship programs in California, of whom 3,329 (64 percent) graduated from residency programs leading to initial board certification, 153 (3 percent) graduated from a transitional year program, 34 (<1 percent) from a specialty program for physicians who have completed a "pipeline program," and 1,584 (32 percent) graduated from subspecialty fellowship programs. Between 2022-2023 and 2023-2024, the total number of graduates from ACGME-accredited programs in California grew by 1 percent (ACGME Cloud, n.d.).

**Figure 2. California Residency Program Graduates by Type of Program, 2023-2024**




**Note:** Transitional year programs provide physicians with one or more years of preliminary training prior to entering a residency program in a specialty. Some programs in some specialties, such as dermatology, neurology, and radiology, only admit physicians who have completed preliminary training. Other specialty programs train residents who have already completed a residency program that leads to initial board certification.

**Source:** ACGME Cloud, n.d.

### CalMedForce Specialties

Table 3 displays regarding the total number of active residents in CalMedForce specialties from 2023-2024 to 2025-2026. In 2025-2026, California had a total of 9,858 active residents in programs in CalMedForce specialties. Internal medicine residents accounted for the largest share of residents in these specialties, followed by family medicine, pediatrics, emergency medicine, obstetrics/gynecology, and internal medicine/pediatrics (ACGME Cloud, n.d.). The total number of active residents in CalMedForce specialties increased by seven percent between 2023-2024 and 2025-2026. The largest numeric and percentage changes were among internal medicine residents (417 residents, 10 percent). The smallest change occurred in internal/medicine pediatrics (1 resident, 1 percent).

**Table 3. Number of Active Residents in California Residency Programs in CalMedForce Specialties by Specialty, 2023-2024 and 2025-2026**

| Specialty | Number of Active Residents, 2023-2024 | Number of Active Residents, 2025-2026 | Change in Number, 2023-2024 to 2025-2026 | Percentage Change, 2023-2024 to 2025-2026 |
|---|---|---|---|---|
| Emergency Medicine | 1,037 | 1,101 | 64 | 6% |
| Family Medicine | 1,840 | 1,947 | 107 | 6% |
| Internal Medicine | 4,185 | 4,602 | 417 | 10% |
| Internal Medicine/Pediatrics | 77 | 78 | 1 | 1% |
| Obstetrics/Gynecology | 621 | 658 | 37 | 6% |
| Pediatrics | 1,456 | 1,472 | 16 | 1% |
| **All CalMedForce Specialties** | **9,216** | **9,858** | **642** | **7%** |

**Source:** ACGME Cloud, n.d

Examining data on the number of persons entering "pipeline programs" (hereafter referred to as first-year residents) that lead to initial board certification is also important because these numbers provide an early signal of future numbers of graduates. Table 4 lists the number of first-year residents who entered programs leading to initial board certification in CalMedForce specialties in California during the 2023-2024 and 2025-2026 academic years (ACGME Cloud, n.d.). In 2025-2026, the number of first-year residents in these specialties ranges from a low of 20 in internal medicine/pediatrics to a high of 1,078 in internal medicine. Among other specialties in which CalMedForce funds residency programs, there were 313 first-year emergency medicine residents, 658 first-year family medicine residents, 131 first-year obstetrics/gynecology residents, and 325 first-year pediatrics residents. Between 2023-2024 and 2025-2026, internal medicine had the largest increase in the number of first-year residents (163 residents), followed by family medicine (58 residents), emergency medicine (9 residents), and pediatrics (6 residents). Obstetrics/gynecology had the smallest increases in the number of first-year residents (1 resident). The number of first-year internal medicine/pediatrics residents did not change.

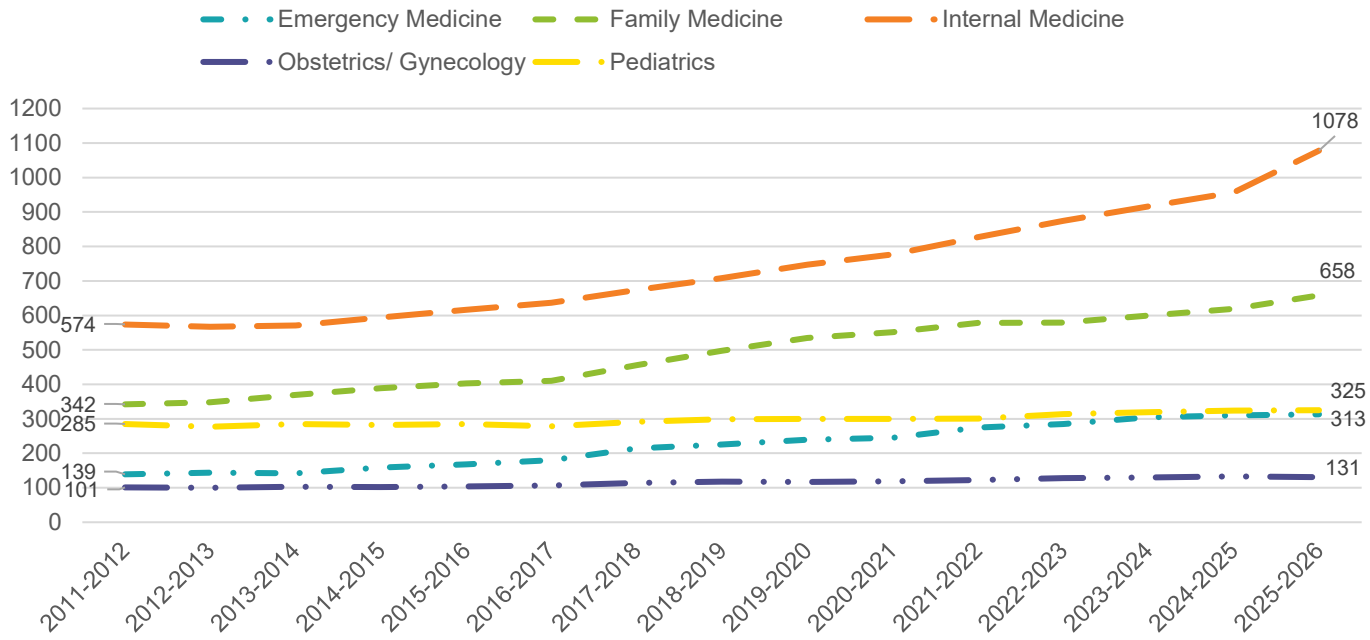
**Table 4. Number of California First-Year Residents in CalMedForce Specialties by Specialty, 2023-2024 and 2025-2026**

| Specialty | Number of First-Year Residents, 2023-2024 | Number of First-Year Residents, 2025-2026 | Change in Number, 2023-2024 to 2025-2026 | Percentage Change, 2023-2024 to 2025-2026 |
|---|---|---|---|---|
| Emergency Medicine | 304 | 313 | 9 | 3% |
| Family Medicine | 600 | 658 | 58 | 10% |
| Internal Medicine | 916 | 1,078 | 162 | 18% |
| Internal Medicine/Pediatrics | 20 | 20 | 0 | 0% |
| Obstetrics/Gynecology | 130 | 131 | 1 | 1% |
| Pediatrics | 319 | 325 | 6 | 2% |
| **All CalMedForce Specialties** | **2,289** | **2,525** | **236** | **10%** |

**Source:** ACGME Cloud, n.d.

Figure 3 places these short-term changes in the context of long-term trends in the number of first-year residents entering residency programs in the five specialties eligible for CalMedForce grants from the 2011-2012 academic year to the 2023-2024 academic year. The number of first-year residents has increased in all five specialties, but the rate of increase varied substantially across them. This is consistent with the growth in the number of residency programs in these specialties. Internal medicine had the largest increase in the *number* of first-year residents (504) followed by family medicine (316). Emergency medicine had the largest *percentage* increase in the number of first-year residents (125 percent), followed by family medicine (92 percent) and internal medicine (88 percent). In the case of emergency medicine, the high rate of growth in residents was due to a large increase in the number of emergency medicine residency programs in California; between 2011 and 2025, the number of accredited emergency medicine residency programs doubled from 13 to 26 programs. The numbers of first-year residents in obstetrics/gynecology and pediatrics residency programs grew more slowly, rising by 30 percent and 14 percent, respectively.

**Figure 3. Number of California First-Year Residents in CalMedForce Specialties, 2011-2012 to 2025-2026**




**Source:** ACGME, Data Resource Book, Academic Years, 2011-2012, 2012-2013, 2013-2014, 2014-2015, 2015-2016, 2016-2017, 2017-2018, 2018-2019, 2019-2020, 2020-2021, 2021-2022, 2022-2023, and 2023-2024; ACGME Cloud, n.d..

### Percentages of First-Year California Residency Positions in CalMedForce Specialties Filled in the National Residency Matching Program

Table 4 displays the percentages of filled first-year residency positions in specialties that CalMedForce funds for 2021, 2022, 2023, 2024, and 2025 (NRMP, 2021, 2022, 2023, 2024, 2025b). In 2025, match rates for CalMedForce specialties ranged from 89 percent (family medicine) to 100 percent (emergency medicine and internal medicine/pediatrics).

The match rate for family medicine in California decreased substantially between 2024 and 2025, from 96 percent to 89 percent and paralleled a decrease in the match rate for family medicine in the United States overall (NRMP, 2025a). The national family medicine match rate has decreased in recent years and the match rate for 2025 was the lowest since 2006. According to the American Academy of Family Physicians, the large growth in the number of family medicine residency positions over the past several years contributed to the decrease in the match rate. (AAFP, 2025). Almost all first-year family medicine residency positions nationwide were ultimately filled through the Supplemental Offer and Acceptance Program (SOAP), under which applicants who do not match can interview for unfilled positions and programs can select candidates (AAFP, 2025) Nevertheless, the decreases in the national and California match rates are concerning because they suggest a decrease in medical school graduates' interest in family medicine. In addition, some applicants who entered family medicine programs under the SOAP may not have initially planned to become family physicians. The family medicine match rate in California should be monitored closely in the coming years to determine whether 2025 marks the beginning of a downward trend in the match rate.

Similar concerns have been expressed about pediatrics (Balch, 2024) Nationwide, the match rate for pediatrics decreased from 97 percent in 2023 to 92 percent in 2024 but increased to 95 percent in 2025 (NRMP, 2025a). California followed a similar pattern with a decrease from 100 percent to 96 percent between 2023 and 2024 and an increase from 96 percent to 97 percent between 2024 and 2025. Most positions in pediatrics were ultimately filled through the SOAP. (Balch, 2024). The California and nationwide match rates for pediatrics should be monitored in future years to assess long-term trends in these match rates.

The match rate for emergency medicine decreased in California in 2023 but rebounded in 2024 and increased between 2024 and 2025 (NRMP, 2023, 2024, 2025b).

**Table 4. Percentages of California First-Year Residency Positions Filled in the National Residency Matching Program by Specialty, 2021 to 2025**

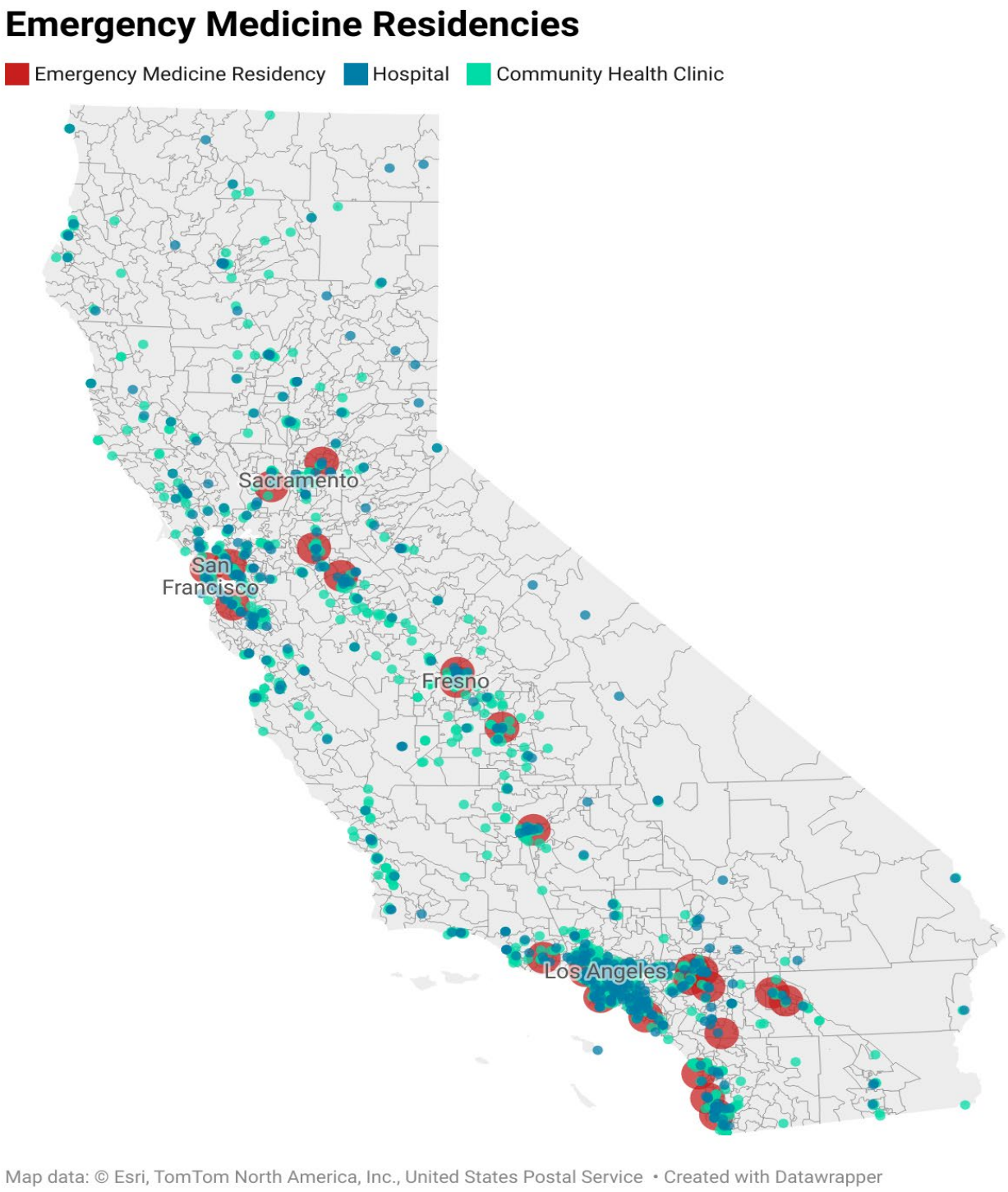
| Specialty | % First-Year Positions Filled, 2021 | % First-Year Positions Filled, 2022 | % First-Year Positions Filled, 2023 | % First-Year Positions Filled, 2024 | % First-Year Positions Filled, 2025 |
|---|---|---|---|---|---|
| Emergency Medicine | 99% | 97% | 92% | 98% | 100% |
| Family Medicine | 99% | 95% | 97% | 96% | 89% |
| Internal Medicine | 98% | 96% | 99% | 96% | 97% |
| Internal Medicine/Pediatrics | 100% | 100% | 100% | 100% | 100% |
| Obstetrics/Gynecology | 98% | 98% | 98% | 99% | 98% |
| Pediatrics | 100% | 98% | 100% | 96% | 97% |

**Source:** NRMP, 2021 NRMP Main Residency Match: Match Rates by Specialty and State. NRMP, 2022 NRMP Main Residency Match: Match Rates by Specialty and State. NRMP, 2023 NRMP Main Residency Match: Match Rates by Specialty and State. NRMP, 2024 NRMP Main Residency Match: Match Rates by Specialty and State. NRMP, 2025 NRMP Main Residency Match: Match Rates by Specialty and State.

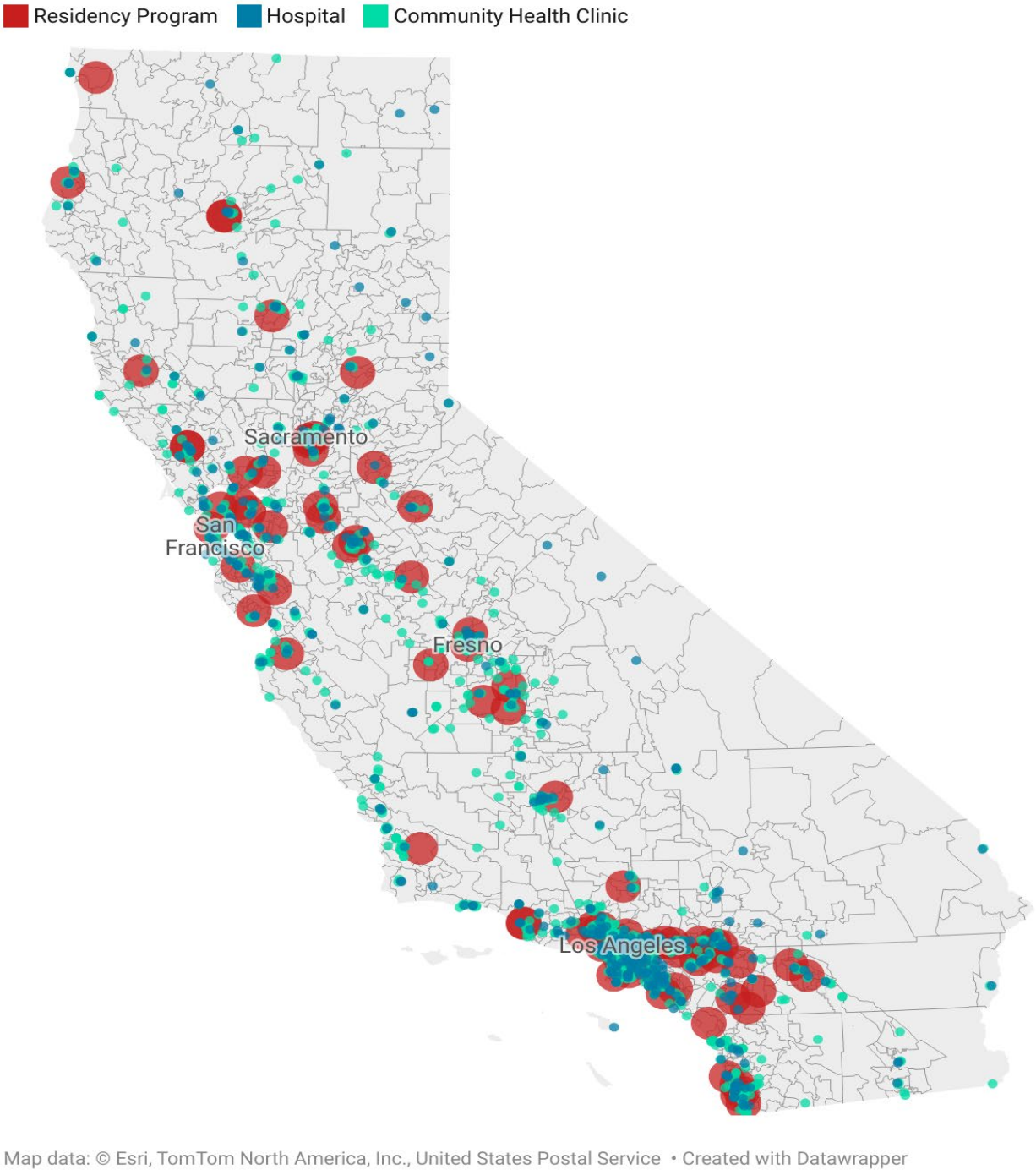
## Geographic Distribution of Residency Programs in CalMedForce Specialties

The maps of residency programs in California show that family medicine and internal medicine residency programs are more extensively distributed across the state compared to other specialties like emergency medicine, OB/GYN, and pediatrics. Family medicine programs are distributed across rural, urban, and suburban areas, including the Central Valley and North Coast ensuring greater geographic distribution and access to care

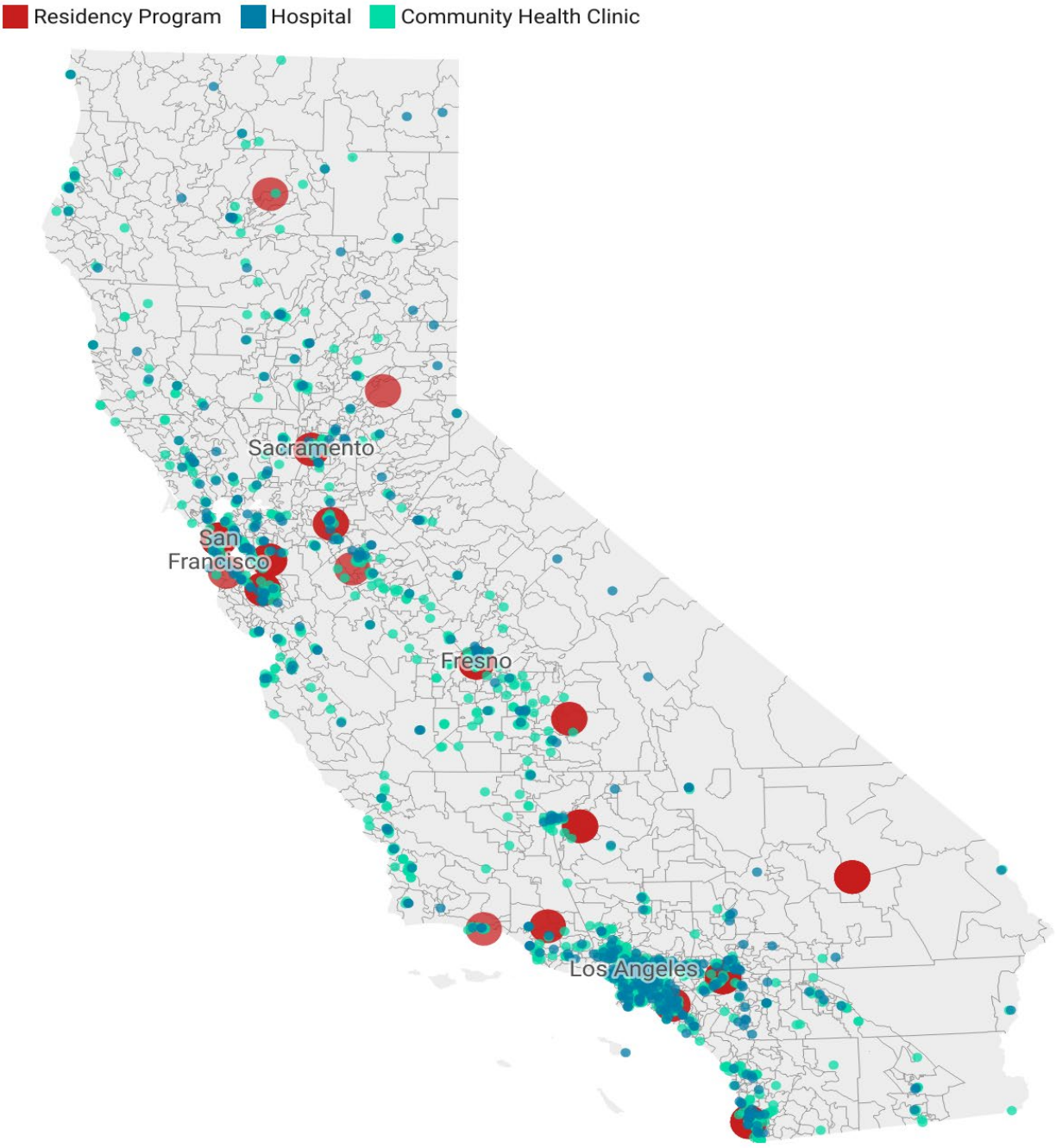
for underserved regions. Internal medicine residency programs are also relatively widespread, with programs in major metropolitan areas and several rural locations, including the Central Valley. In contrast, emergency medicine, OB/GYN, and pediatrics programs are less widespread and clustered more heavily in large cities including Los Angeles, San Diego, and the Greater Bay Area, with fewer programs in rural or remote areas.



## Family Medicine Residencies



# Internal Medicine Residencies

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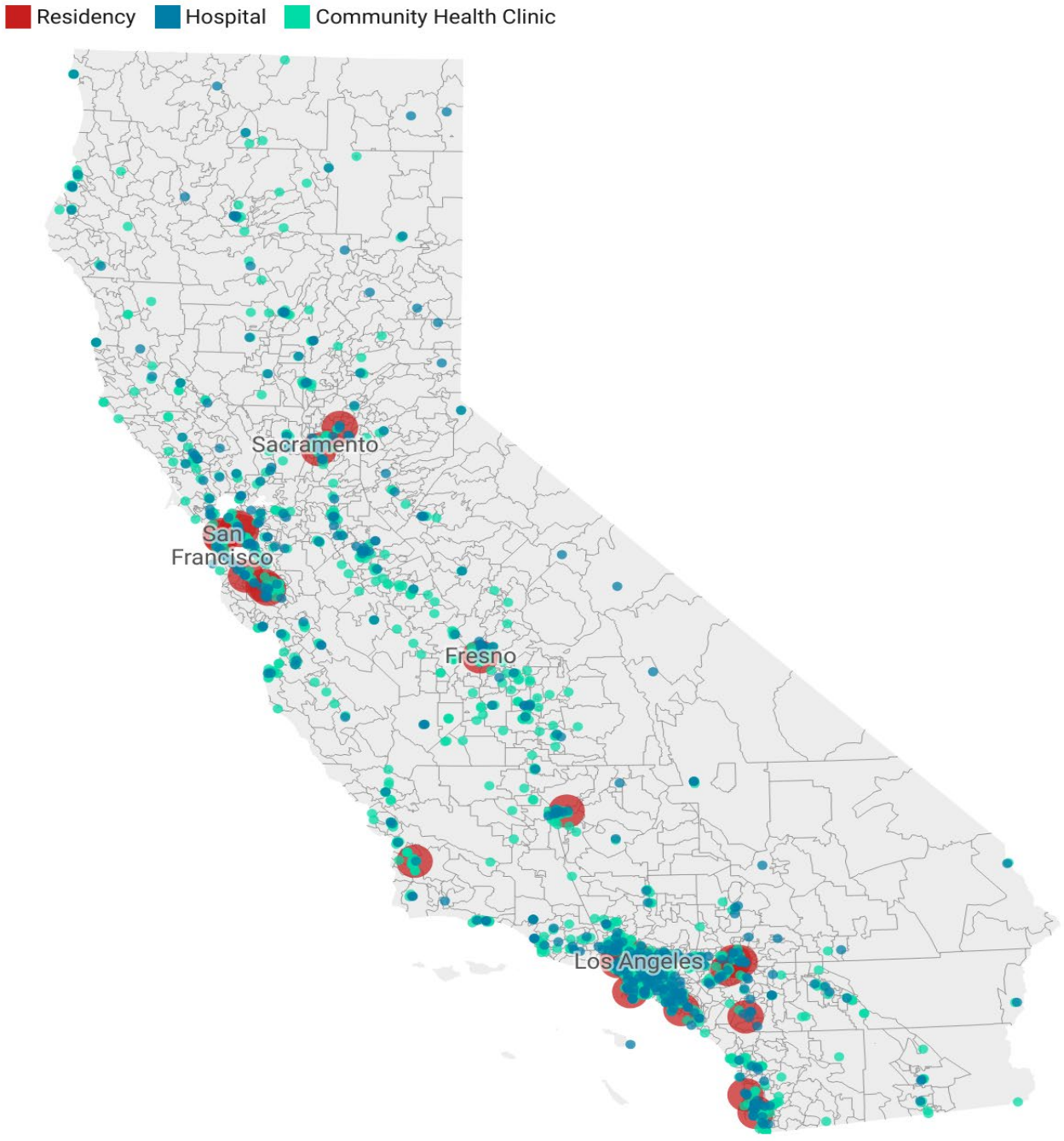
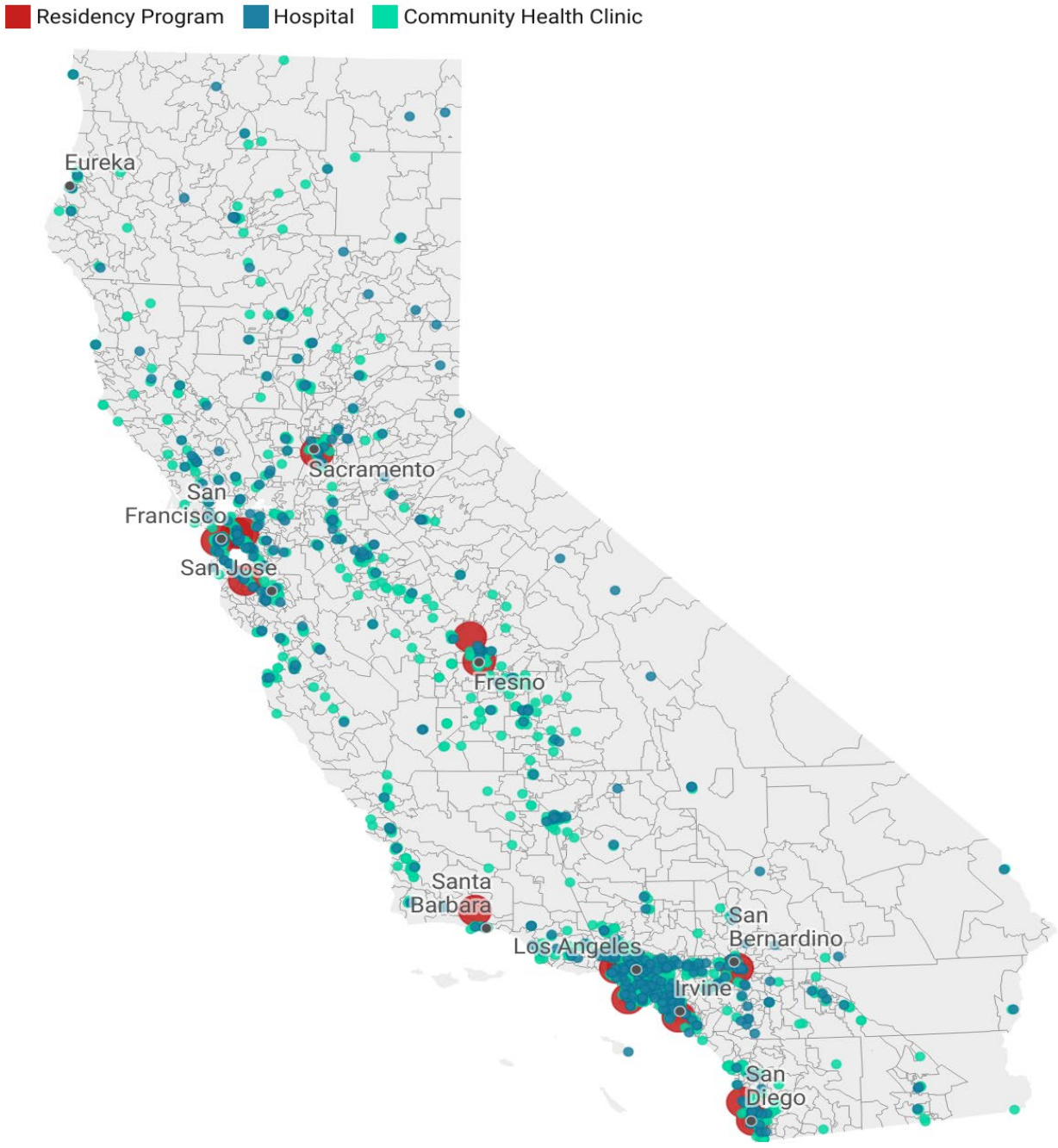
## OBGYN Residencies



## Pediatric Residency Programs




Map data: © Esri, TomTom North America, Inc., United States Postal Service • Created with Datawrapper

## Retention of Graduates of California Residency Programs

California retains a higher percentage of graduates of its residency programs than the other 49 states and the District of Columbia. Seventy-two percent of physicians who complete residency in California remain in California to practice. Physicians who complete both medical school and residency in California are even more likely to remain in California at 82 percent (AAMC, 2025b). Nationwide, 55 percent of physicians across all specialties practice in the state in which they completed residency. Family physicians (66 percent), internists (60 percent), and pediatricians (60 percent) had higher rates of retention in the states in which they completed residency (AAMC, 2025b).

## Spotlight on Pediatric Residency Programs

### Pediatric Residency Programs in California

California's eighteen pediatric residency programs are heavily concentrated in the state's major metropolitan areas, particularly Los Angeles County and the San Francisco Bay Area (Table 5). This distribution reflects the high concentration of academic medical centers and children's hospitals in large metropolitan areas. There are few pediatric residency programs in rural areas of California.

**Table 5. Pediatric Residency Programs in California, 2025**

| Program | Location (County) |
|---|---|
| Cedars-Sinai Medical Center | Los Angeles |
| Children's Hospital Los Angeles | Los Angeles |
| Kaiser Permanente Northern California | Alameda |
| Kaiser Permanente Southern California | Los Angeles |
| LA County - Harbor UCLA Medical Center | Los Angeles |
| Loma Linda University | San Bernardino |
| Naval Medical Center | San Diego |
| Santa Barbara Cottage Hospital | Santa Barbara |
| Stanford University | Santa Clara |
| University of California, Davis | Sacramento |
| University of California, Irvine/ Children's Hospital of Orange County | Orange |
| University of California, Los Angeles | Los Angeles |
| University of California, San Diego | San Diego |
| University of California, San Francisco | San Francisco |
| UCSF Benioff Children's Hospital Oakland | Alameda |
| University of California, San Francisco, Fresno | Fresno |
| University of Southern California | Los Angeles |
| Valley Children's Healthcare | Madera |

**Source:** ACGME, Program Search.

## Trends in Pediatric Residency Training in California and the United States

The number of first year (PGY-1) pediatric residents has grown gradually and steadily in both California and the United States overall with no major spikes or drops. (See Table 6.) From 2011-2012 to 2023-2024, the number of pediatric residents increased by 14 percent in California and in the U.S. overall.

**Table 6. Trends in First Year (PGY-1) Pediatric Residents, California and the United States, 2011-2012 to 2023-2024**

| Year | # First Year (PGY-1) Pediatric Residents, California | # First Year (PGY-1) Pediatric Residents, United States |
|---|---|---|
| 2011-2012 | 285 | 2,957 |
| 2012-2013 | 277 | 2,977 |
| 2013-2014 | 285 | 2,962 |
| 2014-2015 | 282 | 2,994 |
| 2015-2016 | 285 | 2,988 |
| 2016-2017 | 278 | 3,062 |
| 2017-2018 | 291 | 3.078 |
| 2018-2019 | 299 | 3,105 |
| 2019-2020 | 300 | 3,139 |
| 2020-2021 | 300 | 3,159 |
| 2021-2022 | 301 | 3,156 |
| 2022-2023 | 314 | 3,214 |
| 2023-2024 | 319 | 3,244 |
| 2024-2025 | 324 | 3,332 |
| 2025-2026 | 325 | 3,379 |
| **Percent change 2011-2012 to 2025-2026** | **14%** | **14%** |

**Source:** ACGME, Data Resource Book, Academic Years, 2011-2012, 2012-2013, 2013-2014, 2014-2015, 2015-2016, 2016-2017, 2017-2018, 2018-2019, 2019-2020, 2020-2021, 2021-2022, 2022-2023, and 2023-2024; ACGME Cloud, n.d..

The match rate for all pediatric residency programs in the U.S. ranged from 97.1 percent to 98.6 percent from 2021 to 2023 but then fell sharply between 2023 to 2024, from 97.1 percent to 91.8 percent, before rebounding to 95.3 percent in 2025 (NRMP, 2021, 2022, 2023, 2024, 2025b). California's match rate for pediatric residency programs was as high or higher than that of the U.S. overall until it fell to 95.5 percent in 2024 and then rebounded to 96.8 percent in 2025 (NRMP, 2025a). (See Table 7.)

**Table 7. Trends in Match Rates for Pediatric Residency Programs, 2012 to 2025**

| Year | Match Rate, First Year (PGY-1) Positions, Pediatrics, California | Match Rate, First Year (PGY-1) Positions, Pediatrics, United States |
|---|---|---|
| 2012 | 99.2% | 98.7% |
| 2013 | 99.6% | 99.6% |
| 2014 | 100.0% | 99.5% |
| 2015 | 99.6% | 99.5% |
| 2016 | 98.2% | 99.5% |
| 2017 | 100% | 98.4% |
| 2018 | 96.8% | 97.9% |
| 2019 | 96.5% | 97.6% |
| 2020 | 97.9% | 98.2% |
| 2021 | 100% | 98.6% |
| 2022 | 98.3% | 97.2% |
| 2023 | 100% | 97.1% |
| 2024 | 95.5% | 91.8% |
| 2025 | 96.8% | 95.3% |

**Source:** NRMP, 2021 NRMP Main Residency Match: Match Rates by Specialty and State. NRMP, 2022 NRMP Main Residency Match: Match Rates by Specialty and State. NRMP, 2023 NRMP Main Residency Match: Match Rates by Specialty and State. NRMP, 2024 NRMP Main Residency Match: Match Rates by Specialty and State. NRMP, 2025 NRMP Main Residency Match: Match Rates by Specialty and State.

## Challenges to Increasing the Number of Pediatric Residents

Efforts to increase the number of pediatric residents trained in California face three major challenges that confront all primary care specialties: low reimbursement rates, educational debt, and the high cost of living in California. Pediatrics faces three additional challenges: funding for residency programs, accreditation standards and competition from family medicine residency programs and nurse practitioner and physician assistant education programs for clinical training sites.

### Low Reimbursement Rates

Throughout the United States, pediatricians and other primary care physicians are usually reimbursed at rates that are lower than specialist physicians, especially physicians in specialties in which procedures are frequently performed. Low reimbursement rates may lead some medical school graduates to pursue careers as specialists. The challenge of low reimbursement is especially pronounced for pediatricians because children and adolescents are more likely to be enrolled in Medicaid (Medi-Cal in California) than adults (Desilver, 2025).

Low reimbursement rates also affect the availability of clinical training sites. Many hospitals in California are struggling financially, particularly those located in rural areas. Pediatric inpatient units and labor and delivery units, where pediatricians learn to care for newborns, are especially vulnerable when hospitals struggle financially because large percentages of their patients are enrolled in Medicaid. Some hospitals in California have closed labor and delivery units; others have closed altogether (Garrison, 2025; Hwang, Yee, Ibarra, 2024).

### Educational Debt

Student loans and other debt related to expenses for undergraduate education and medical school may also influence physicians' choice of specialty. According to the Association of American Medical Colleges, the average cost of medical school exceeds $300,000. Seventy-one percent of medical students in the class of 2024 had education-related debt. The average amount of debt is $212,341. (AAMC, 2024b). Graduates of private medical schools had a higher average amount of education debt than graduates of public medical schools ($227,839 versus $203,606) and were more likely to have $300,000 or more education debt (31 percent versus 17 percent).

### High Cost of Living in California

Physicians may also be reluctant to enter residency programs in pediatrics and other primary care specialties in California due to the high cost of living. California has the second highest cost of living across the 50 states and the District of Columbia (World Population Review, n.d.). Even in rural parts of California, the cost of living is higher than in similar areas in other states. Physicians who wish to remain in California following completion of residency may choose a higher-paying specialty to offset the high cost of living.

### Funding for Residency Programs

Funding for pediatric residency programs is less stable than funding for residency programs in adult specialties. Medicare is the largest source of funding for graduate medical education (GME) but is only available to pediatric residency programs that are based at academic health centers or other health systems that care for both children and adults. Pediatric residency programs at freestanding children's hospitals are not eligible. These programs rely primarily on grants from the Children's Hospital Graduate Medical Education Payment Program (CHGME) administered by the Health Resources and Services Administration (HRSA). During academic year 2023-2024, CHGME funded 55 percent of pediatric residents trained in the United States (HRSA, 2025). Unlike Medicare GME payments, which are based on the number of Medicare beneficiaries that hospitals treat, CHGME payments are funded through annual, discretionary appropriations (CRS, 2023). Funding for the other federal grant programs that support pediatric residency programs, the Teaching Health Center Graduate Medical Education Program and the Residency Training in Primary Care Program, are also appropriated annually.
In California, pediatric residency programs can obtain grants from CalMedForce and the Song-Brown Health Workforce Training Program but those funds are insufficient to fully offset costs associated with operating a residency program. In addition, residency programs must apply for these funds each year and the total amount of funding available varies from year to year. Song-Brown is funded through the state budget, which has experienced large shortfalls in recent years. CalMedForce is primarily funded by Proposition 56, a source of revenue that is decreasing. Proposition 35 authorized additional funding for GME but it is uncertain whether this funding will continue to be available.

### Accreditation Requirements for Pediatric Residency Programs

Pediatric residency programs must meet accreditation standards set forth by the ACGME (ACGME, 2023). These standards require pediatric residents to complete rotations in inpatient pediatrics, including neonatal intensive care and pediatric critical care, as well as rotations in multiple pediatric specialties. These requirements are difficult to meet at general acute care hospitals because the percentage of children and adolescents who need specialty care is much smaller than the percentage of adults. The number of children and adolescents who need any specific type of specialty care is often too small to support pediatric specialty care rotations, especially at small, rural hospitals and the number of physicians qualified to serve as subspecialty faculty may not be sufficient. In addition, pediatric specialty care is often regionalized at academic health centers or freestanding children's hospitals. As a consequence, most pediatric residency programs are based at academic health centers or

freestanding children's hospitals, which are often located in large metropolitan areas. Outpatient rotations are usually provided in outpatient departments of these hospitals or other nearby outpatient settings.

### Competition from Family Medicine Residency and Advanced Practice Provider Programs for Pediatric Rotations

Pediatric residency programs also compete with family medicine residency programs for access to clinical training sites. Family medicine residents are required to complete rotations in pediatrics because they are trained to provide primary care to the whole family. In rural areas that have a family medicine residency program, it may be difficult to identify clinical training sites that serve sufficient numbers of children and adolescents to provide training to both family medicine and pediatrics residents. Residency programs in pediatrics also compete with nurse practitioner and physician assistant education programs for pediatric clinical training sites. This is especially true in rural areas with aging populations.

### Alternatives to Standard Pediatric Residency Program Structure

Increasing the number of pediatric residents trained in rural California will require residency programs that are structured differently than the standard model for pediatrics. One such example is the Pediatrics Alaska Track, offered by the University of Washington/ Seattle Children's Hospital, which prepares residents to practice in a variety of health care settings, including rural medically underserved areas. Each year, residents spend eight months in Seattle and four months in Alaska. The track emphasizes culturally competent care and community-building skills. The Alaska sites, which are located in Anchorage, Bethel, and Fairbanks are paired so that each resident spends two months in a setting that serves Alaska Native communities and two months in a setting that serves the general population (University of Washington, 2025). This model could be adapted for pediatrics residency programs in urban areas of California through partnerships with health care facilities in rural areas and could encompass rotations in facilities that serve Native Americans, migrant farmworkers, or other disadvantaged populations.

Across California, rural training pathways in other primary care specialties provide a range of models for training residents in rural areas. The UC Davis Internal Medicine Rural Track, the UCSF Fresno Family Medicine Residency's United Health Centers Parlier Pathway, and the Sutter Health Family Medicine Residency Amador Track each exemplify unique approaches to rural medical education. Together, these programs demonstrate the breadth of strategies used to prepare physicians for service in California's rural areas.

The UC Davis Internal Medicine Rural Track, which was launched in 2024, is a rural elective track within a standard internal medicine residency program. This residency program integrates the Rural Track into the standard Internal Medicine residency, adding targeted rural exposure of 8 elective weeks, split as 4 weeks in Spring of residency years 2 and 3 in rural outpatient or inpatient settings in California (UC Davis, 2025).

The UCSF Fresno Family Medicine Residency program at the United Health Center – Parlier (UHC) pathway is a distributed longitudinal community-based model where residents train across both urban hospitals and rural health centers as part of their 3-year standard curriculum. UHC, the rural anchor site, is a federally qualified health center (FQHC) located in Parlier, a predominantly Hispanic, agriculture-based, rural community approximately 30 minutes from Community Regional Medical Center (CRMC), the primary teaching hospital for UCSF Fresno. First-year residents spend considerable time in Parlier, carrying out their continuity clinic and serving rural populations through UHC, while the bulk of clinical training (inpatient, hospital-based, and specialty rotations) takes place in Fresno at CRMC, the Department of Veterans Affairs (VA) Medical Center, and regional outpatient clinics. During years 2 and 3, residents in the Parlier (UHC) pathway spend more time at their continuity clinic in Parlier (UCSF-Fresno, 2025).

Sutter Family Medicine Rural Amador Residency Track is a hybrid urban–rural training model designed to transition residents from an academic center into rural clinical immersion. This is a 1-2 program created through a partnership between Sutter Amador Hospital in Jackson and the Sutter Health Family Medicine Residency Program in Sacramento. The program was established with grant support from HRSA and launched its inaugural class in 2021. During the first year, residents are based at Sutter Medical Center, Sacramento to provide broad inpatient training. In the second and third years, residents care for a full panel of patients at the Family Medicine Residency Clinic in Jackson and complete additional inpatient and emergency medicine rotations at Sutter Amador Hospital, the sole hospital serving a population of more than 45,000 (Sutter, 2025). Other similar programs in California include Adventist Health's Sonora Family Medicine Residency and Dignity Health's Sierra Nevada Family Medicine Residency Program.

## Conclusion

The findings of this report illustrate the importance of monitoring trends in medical education in California. These trends provide evidence of California's progress toward increasing the number of medical students and residents educated in the state as well as evidence of the physician workforce challenges the state continues to face.

### Medical School

Long-term trends indicate a substantial increase in medical school graduates. The number of graduates of California medical schools has increased by 46 percent since 2009 due to the opening of new medical schools and increases in class size. This trend will continue over the next several years. Two new medical schools graduated their first classes in 2024, and a third new medical school will graduate its first class in 2027. Despite these gains, California will continue to have one of the lowest ratios of medical students per capita across the 50 states and the District of Columbia.

### Graduate Medical Education

The number of residents completing residency in California is increasing in all specialties due to growth in the number of residency programs, but rates of growth vary substantially across the five specialties in which CalMedForce funds residency programs. Between the 2011-2012 and 2025-2026 academic years, internal medicine residency programs experienced the largest increase in the *number* of first-year residents and emergency medicine experienced the largest *percentage* increase in first-year residents. Pediatrics experienced the smallest percentage increase in first-year residents. Match rates for emergency medicine and pediatrics declined between 2022 and 2023 and between 2023 and 2024, respectively, but have since rebounded. The match rate for family medicine in California decreased substantially between 2024 and 2025 and paralleled a decrease in the match rate for family medicine in the United States overall. These year-to-year changes in match rates highlight the need to review data on match rates, enrollment, and graduations from residency programs in CalMedForce specialties on an annual basis to distinguish short-term fluctuations from long-term trends.

### Pediatric Residency Programs

Pediatric residency programs in California are concentrated in large metropolitan areas and often co-located with children's hospitals. There are no pediatric residency programs north of Sacramento and only two in the San Joaquin Valley. Increasing the number of pediatric residents trained in rural areas of California is challenging due to low reimbursement rates of pediatricians, educational debt, the high cost of living in California, limited federal funding relative to residency programs in adult specialties, accreditation standards, and competition with family medicine residency programs and nurse practitioner and physician assistant education programs for clinical training sites. Alternative models and outcome data must be evaluated to determine successful strategies to increase the number of pediatricians in the areas where they are needed most. Simultaneously, data-driven strategies for improving reimbursement rates for primary care and financially sustaining hospitals in shortage areas must be pursued.

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