THE 2026 MATCH WAS THE LARGEST IN NRMP HISTORY. IT WAS ALSO ONE OF THE HARDEST.

More Positions Than Ever. Still 5,211 IMGs Went Unmatched.

The gap is not the algorithm. It is the application that failed to generate interviews in the autumn — and research is the part of that application you can still build.

56.4%	5,211	54.4%	+51.9%
PGY-1 match rate for non-U.S. citizen IMGs, 2026	non-U.S. IMGs who submitted a rank list and did not match	match rate for IMGs needing a visa — a five-year low	growth in non-U.S. IMG applicants, 2022 to 2026

Source: NRMP, Results and Data: 2026 Main Residency Match and NRMP Charting Outcomes 2026.

Read the Numbers Honestly

In 2026 the NRMP offered **44,344 positions** — more than in any previous year — and **93.5%** of them filled. And yet of the **11,944** non-U.S. citizen IMGs who submitted a certified rank order list, only **6,733 matched**. U.S. citizen IMGs did better at **70.0%**, but that still leaves thousands of qualified physicians outside the system for another full year. The pool is growing far faster than the positions: non-U.S. IMG applicants are up **51.9% since 2022**. Every cycle you wait, the queue in front of you gets longer.

Where Applications Actually Fail

NRMP's own outcome data points at one thing again and again: applicants who matched had a long list of programs to rank, and applicants who did not had one or two. The algorithm cannot create options nobody gave you. By the time rank lists are submitted in February, most unmatched outcomes were already decided — back in September, by an application that did not stand out enough to earn interviews. Step 2 CK gaps between matched and unmatched applicants are often modest. What separates files at the screening stage is everything you built **before** you applied.

The part nobody tells you. Program directors have cited demonstrated involvement in research as a factor in interview selection for over a decade, and in the most competitive specialties more than three-quarters of them do. But a number on a CV is not the same as research you can defend. Interviewers ask candidates to walk through their project — the design, the statistics, the limitations. An applicant who cannot explain their own paper does more damage than one with no paper at all. You need output **and** understanding. That is exactly the gap this program was built to close.

2026 Match Rates by Applicant Type

Applicant type	PGY-1 match rate	What it means for you
U.S. MD seniors	Highest of all groups	Nearly two positions offered per applicant.
U.S. citizen IMGs	70.0%	Three in ten still did not match.
Non-U.S. citizen IMGs	56.4%	Barely better than a coin toss.
IMGs requiring visa sponsorship	54.4%	A five-year low. The hardest route there is.

What Another Unmatched Year Actually Costs

The visible cost

- Twelve months of lost attending-level income.
- Another full cycle of ERAS and interview expenses.
- Visa timelines and eligibility windows tightening.

The cost nobody budgets for

- Your year of graduation moves further into the past.
- You re-enter a pool that has grown again.
- You are now explaining a gap as well as competing.

THE NEXT ERAS CYCLE OPENS IN MONTHS. RESEARCH TAKES LONGER THAN THAT TO BUILD.

WHAT WE DO

The MD Research Training Program

A 12-module program that takes you from zero research experience to published, presentable, interview-ready work — built entirely around the U.S. residency application.

Most research courses teach theory and leave you to find a project. We do the opposite. You learn the methodology and biostatistics you need, then apply it immediately to live projects run by U.S. board-certified physicians — systematic reviews, meta-analyses and conference abstracts that are genuinely submitted and published. You finish with real entries for the ERAS experience section, not a certificate alone.

Our Objectives For You

- Give you a working command of research methodology, study design and biostatistics from the ground up.
- Place you on real systematic review and meta-analysis projects with a realistic path to authorship.
- Produce abstracts suitable for submission to major U.S. conferences such as ACC and HRS.
- Make you fluent enough in your own work to defend it under questioning on interview day.
- Leave you with evidence-based medicine skills you will actually use as a resident.

How It Helps Your U.S. Residency Application

What lands on your ERAS file

- Peer-reviewed publications and co-authorship opportunities.
- Conference abstracts and poster presentations.
- Registered PROSPERO protocols under your name.
- A documented, verifiable research experience entry.
- Certificate endorsed by U.S. board-certified physicians.

What it changes on interview day

- You can explain your study design and why you chose it.
- You can interpret your own forest plot and p-values.
- You can state your limitations before they are pointed out.
- You have something specific to talk about for ten minutes.
- You read as a future academic contributor, not a checkbox filler.

Done Entirely From Home

Every part of this program runs online. No travel, no U.S. observership requirement, no relocation — which matters, because you are almost certainly doing this alongside Step preparation or clinical duties. Sessions are remote, project work is asynchronous, and mentorship happens over scheduled calls. Wherever you apply from, the work counts the same on ERAS.

100% online	Faculty mentorship	Live projects	No prerequisites
No travel or relocation	U.S. board-certified physicians	Real submissions, real authorship	Start from zero

Why This Is Different From a Research Course

A typical online research course	MD Research Training Program
Teaches methodology in the abstract.	Teaches methodology, then applies it to a live project the same cycle.
Leaves you to find your own project afterwards.	Assigns you to an ongoing project with a defined role.
Ends with a certificate.	Ends with submissions, abstracts and authorship opportunities.

Who Should Enrol

Built for the U.S. residency timeline

- IMGs preparing a U.S. residency application, with or without visa sponsorship.
- Medical students building a research profile before their application year.
- Re-applicants who were screened out last cycle and need a stronger file.

What you need to start

- No prior research experience.
- No U.S. clinical rotation or observership.
- A laptop, internet and consistent weekly hours.

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OUR TRACK RECORD

Publications and Abstracts

The work below came out of this group. These are the kinds of projects participants join — and the kind of output that ends up on a residency application.

Published and Submitted Manuscripts

1. Comparative efficacy of baroreflex activation therapy, cardiac contractility modulation and cardiac resynchronisation therapy in heart failure with reduced ejection fraction	Invited review in *Current Problems in Cardiology*. A systematic review and network meta-analysis of randomised controlled trials comparing three device-based therapies in HFrEF, ranking them on symptom burden, functional capacity and quality of life.
2. Network meta-analysis comparing yoga, resistance training and aerobic exercise on heart rate variability in healthy individuals and patients with cardiovascular disease	A network meta-analysis pooling randomised trials of three exercise modalities to determine which most improves heart rate variability, an established marker of autonomic function and cardiovascular risk.
3. Heart rate variability: mechanisms, measurement and clinical application	A review article synthesising the physiology and measurement of heart rate variability and its use as a non-invasive marker of autonomic balance across cardiovascular and metabolic disease.
4. The brain–heart axis	A review of bidirectional neurocardiac interaction, covering autonomic pathways, the cardiovascular consequences of neurological injury and the neurological consequences of cardiac disease.
5. Yoga in obesity	An evidence synthesis evaluating structured yoga interventions for weight, metabolic parameters and cardiovascular risk markers in overweight and obese populations.
6. Cardiac rehabilitation	A review of contemporary cardiac rehabilitation, covering programme components, outcome evidence and the barriers limiting uptake and completion in real-world practice.
7. Stroke risk with pulmonary vein isolation	An evidence synthesis examining peri-procedural and long-term stroke risk following pulmonary vein isolation for atrial fibrillation, and the anticoagulation strategies around it.

Conference Abstracts

ACC — American College of Cardiology	Abstracts prepared and submitted to the ACC Annual Scientific Session, the largest general cardiology meeting in the United States, with participant co-authorship on accepted submissions.
HRS — Heart Rhythm Society	Abstracts prepared and submitted to the Heart Rhythm Society Annual Meeting, the principal U.S. forum for cardiac electrophysiology and arrhythmia research.
Baroreflex activation therapy (BAROSTIM)	Project stream analysing device-based autonomic modulation in heart failure, generating both abstract and full manuscript output for participants.

How You Get Onto This Work

Participants are not observers. Once the methodology modules are complete you are assigned to an active project stream and given a defined role — screening, extraction, quality assessment, analysis or drafting. Contribution determines authorship, in line with ICMJE criteria, and your name goes on what you genuinely worked on. That is what makes the entry defensible when a program director asks about it.

Your pathway Modules → assigned project → defined role → abstract or manuscript → submission	**Fields we work in** Heart failure, electrophysiology, cardiac rehabilitation, autonomic function, neurocardiology, lifestyle medicine

THIS IS THE WORK YOU JOIN — NOT A SIMULATION OF IT

THE CURRICULUM

All 12 Modules

Three tracks, taught in sequence. Each one builds the skill the next one assumes.

TRACK 1 | MODULES 1-4	Foundations of Research: Concepts & Methodology
1. Introduction to the Course	Program roadmap, the research lifecycle, and how research strengthens your ERAS profile and interview answers.
2. Introduction to Research Methodology and Biostatistics	Framing an answerable question (PICO/FINER), literature searching, evidence hierarchy, bias, research ethics and IRB.
3. Research Design and Clinical Trials	Observational designs and RCT anatomy: randomisation, blinding, endpoints, trial phases and critical appraisal.
4. Exploring Data and Concept of Probability	Cleaning and exploring data, visualisation, probability rules, distributions and the central limit theorem.
TRACK 2 | MODULES 5-8	Biostatistics and Analysis: Data, Statistics & Review
5. Biostatistics Part-1: Fundamentals and Descriptive Statistics	Central tendency, dispersion, distribution shape and building a publication-ready baseline (Table 1).
6. Biostatistics Part-2: Inferential Statistics	Hypothesis testing, p-values, confidence intervals, power and sample size, test selection, correlation and regression.
7. Biostatistics Part-3: Time Statistics and Diagnostic Statistics	Kaplan-Meier, log-rank, hazard ratios and Cox regression; sensitivity, specificity, ROC curves and agreement.
8. How to Conduct and Write a Systematic Review	Full PRISMA workflow: PROSPERO registration, search strategy, screening, risk of bias and manuscript writing.
TRACK 3 | MODULES 9-12	Meta-Analysis and Publication: Advanced Research Methods
9. Basic Understanding of Meta-Analysis	Effect measures, study weighting, fixed vs random effects, heterogeneity and reading a forest plot.
10. Steps of Conducting Meta-Analysis	Hands-on RevMan / R / Stata: data extraction, pooled analysis, subgroup, meta-regression and sensitivity analysis.
11. Statistical Interpretation of Meta-Analysis	Publication bias, funnel plots, Egger's test, GRADE certainty, and writing results and discussion for submission.
12. Network Meta-Analysis	Direct vs indirect evidence, transitivity and consistency, network plots, league tables, SUCRA and PRISMA-NMA.

Certification

Participants who complete the program receive an official **Certificate of Participation**, endorsed by our team of U.S. board-certified physicians and academic researchers. It documents your training in research methodology, biostatistics, critical appraisal and evidence-based medicine — a credible, verifiable addition to your ERAS application, CV and LinkedIn profile. Participants also receive updates on new residency openings and discounts on advanced research and presentation workshops.

YOUR RESIDENCY APPLICATION IS BUILT OVER MONTHS, NOT WEEKS

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