Revista Española de Educación Médica

Long-Term Trends in the Attractiveness of Obstetrics and Gynecology Among Spanish Medical Graduates: Evidence from the MIR Allocation System (2001–2026).

Tendencias a largo plazo en el atractivo de Obstetricia y Ginecología entre los médicos españoles: evidencia del sistema de adjudicación MIR (2001–2026).

Javier Sánchez-Romero[1,2,3]*, José Joaquín Alfaro-Martínez[4], Ramón Rovira-Negre[5], Laura Cánovas-López[1,2,3], Luis Manuel San Frutos-Llorente[6], Raquel Oliva-Sánchez[1,2,3].

[1] Department of Obstetrics and gynecology, surgery and pediatrics. Faculty of Medicine. University of Murcia, Spain. javier.sanchez14@um.es, https://orcid.org/0000-0002-4253-3556, raquelolivasanchez@gmail.com

[2] Department of Obstetrics and gynecology. 'Virgen de la Arrixaca' University Hospital, Murcia, Spain. raquel.oliva@um.es, https://orcid.org/0009-0003-7532-0850.

[3] Maternal-Fetal Medicine, Reproduction and Gynecology Research Group, Biomedical Research Institute of Murcia Pascual Parrilla–IMIB, Murcia, Spain. laura.canovas4@um.es

[4] Department of Endocrinology and Nutrition. Albacete University Hospital, Albacete, Spain. jalfaro@sescam.jccm.es, https://orcid.org/0000-0001-7620-3267.

[5] Department of Obstetrics and Gynecology. 'La Santa Creu i sant Pau' University Hospital, Barcelona, Spain. ramonroviran@gmail.com, https://orcid.org/0000-0003-4136-4153.

[6] Department of Obstetrics and Gynecology. 'Santa Cristina' University Hospital, Madrid, Spain. luis.san@salud.madrid.org, https://orcid.org/0000-0001-8794-1097

* Correspondence: javier.sanchez14@um.es

Recibido: 9/7/26 Aceptado: 31/7/26; Publicado: 3/8/26

Abstract.

Objective: To analyze the evolution of the attractiveness of OBGYN within the Spanish Medical Residency Training System (MIR) between 2001 and 2026 using objective indicators of specialty choice. **Methods:** A retrospective observational study was conducted using publicly available data from the Spanish Ministry of Health. Annual OBGYN residency allocation data from 2001 to 2026 were analyzed. Indicators included the number of positions offered, first and last rank numbers selecting the specialty, median rank number, demand rankings, and quotation index. Temporal trends were evaluated using descriptive analyses and graphical representations. **Results:** During the study period, the number of OBGYN residency positions increased from 181 to 284 (+56.9%). The rank number of the last allocated position increased from 2,578 to 4,521, whereas the quotation index remained relatively stable, ranging from 113.5 to 139.1. OBGYN consistently occupied a favorable position among MIR specialties, ranking between 10th and 17th place in the global quotation ranking and between 2nd and 6th place among medical-surgical specialties. Top-demand and total-demand indicators also remained consistently favorable, with OBGYN generally positioned among the most demanded specialties throughout the study period. **Conclusions:** Despite substantial changes in healthcare systems, professional expectations, and working conditions, the attractiveness of OBGYN within the Spanish MIR system remained stable over the last 26 years. Although some rank-based indicators worsened over time, demand- and quotation-based measures continued to position OBGYN among the most attractive medical and surgical specialties. These findings do not support the widespread perception of a progressive decline in the attractiveness of the specialty.

Keywords: Obstetrics and Gynecology, Internship and Residency, Career Choice, Education, Medical, Graduate, Workforce, Health Manpower, Physicians, Medical Students.

Resumen.

Objetivo: Analizar la evolución de la elección de Obstetricia y Ginecología (OBGYN) dentro del sistema de Formación Sanitaria Especializada (MIR) en España entre 2001 y 2026 mediante indicadores objetivos de elección de especialidad. **Métodos**: Se realizó un estudio observacional retrospectivo utilizando datos de acceso público procedentes del Ministerio de Sanidad. Se analizaron los datos anuales de adjudicación de plazas MIR de Obstetricia y Ginecología entre 2001 y 2026. Los indicadores evaluados incluyeron el número de plazas ofertadas, el número de orden del primer y último aspirante que eligió la especialidad, el número de orden mediano, los indicadores de demanda y el índice de cotización. Las tendencias temporales se analizaron mediante estadística descriptiva y representación gráfica. **Resultados**: Durante el periodo de estudio, el número de plazas de Obstetricia y Ginecología aumentó de 181 a 284 (+56,9%). El número de orden de la última plaza adjudicada pasó de 2.578 a 4.521, mientras que el índice de cotización se mantuvo relativamente estable, con valores comprendidos entre 113,5 y 139,1. La especialidad ocupó de forma consistente posiciones favorables dentro del conjunto de especialidades MIR, situándose entre los puestos 10º y 17º del ranking global de cotización y entre los puestos 2.º y 6.º entre las especialidades médico-quirúrgicas. Los indicadores de demanda top y demanda total también se mantuvieron estables, situando generalmente a Obstetricia y Ginecología entre las especialidades más demandadas durante todo el periodo analizado. **Conclusiones**: A pesar de los importantes cambios experimentados en los sistemas sanitarios, las expectativas profesionales y las condiciones de trabajo, el atractivo de Obstetricia y Ginecología dentro del sistema MIR se mantuvo estable durante los últimos 26 años. Aunque algunos indicadores basados en el número de orden empeoraron con el tiempo, los indicadores de demanda y cotización continuaron situando a la especialidad entre las más atractivas del ámbito médico y quirúrgico. Estos hallazgos no respaldan la percepción generalizada de un descenso progresivo en el atractivo de la especialidad.

Palabras clave: Obstetricia y Ginecología; Formación Sanitaria Especializada; elección de especialidad; educación médica; planificación de recursos humanos sanitarios; médicos; estudiantes de medicina; selección de personal

1. Introduction

The choice of medical specialty represents one of the most important career decisions made by medical graduates and has significant implications for workforce planning, healthcare delivery, and postgraduate medical education. Specialty choice is a complex and dynamic process influenced by personal interests, professional values, lifestyle expectations, educational experiences, perceived prestige, career opportunities, and healthcare system characteristics. Undergraduate medical students typically choose their future specialty through a complex interaction between personal preferences and perceptions of specialty-specific characteristics rather than from a single determinant (1).

Obstetrics and Gynecology (OBGYN) is a particularly interesting specialty in this regard. It combines medical and surgical practice, emergency care, continuity of patient relationships, and opportunities for procedural and academic development (2). However, several international studies have identified workload intensity, work-life balance, medicolegal risk, clerkship experiences, and career prospects as important determinants of interest in OBGYN, with some studies reporting lower popularity of the specialty compared with other medical specialties (3–7). Despite concerns regarding workload and burnout, OBGYN has become increasingly competitive in some countries.

In the United States, the number of applicants increased by 62% between 2013 and 2023, whereas residency positions increased by only 19% during the same period (7).

Although these factors have been described across different healthcare systems, their influence may vary according to national training structures and workforce characteristics, making country-specific evaluations necessary. Previous studies using administrative data from residency matching systems in Spain, France, Canada, and the United States have shown that specialty attractiveness can be assessed objectively through indicators derived from specialty selection patterns, including rank position, demand-to-supply ratios, and match rates (8–10). The Spanish Medical Residency Training System (MIR) offers a unique opportunity to evaluate specialty attractiveness using objective specialty selection data rather than survey-based perceptions. Medical graduates are ranked according to the results of a national competitive examination and sequentially select residency positions in strict order of ranking. This centralized allocation process generates publicly available data on specialty preferences and selection patterns, allowing the attractiveness of individual specialties to be evaluated using objective indicators rather than self-reported perceptions. This approach may overcome some of the limitations of survey-based studies, as preferences expressed through specialty selection represent observed behavior rather than stated intentions. However, in sequential allocation systems such as the MIR, observed choices may also be influenced by the availability of remaining positions at the time of selection (8).

In Spain, residents report high levels of satisfaction with OBGYN, with most choosing the specialty because of personal interest and vocation and more than 90% willing to recommend it to future trainees (11). At the same time, concerns regarding workload, work-life balance, and training demands remain common, and burnout has been reported in 46–86% of residents (11,12). These findings suggest that positive professional satisfaction may coexist with perceptions of considerable occupational burden, potentially influencing the attractiveness of the specialty among future applicants (11). Such observations may have contributed to the perception that OBGYN is becoming progressively less attractive to new generations of physicians. Determining whether OBGYN has genuinely lost attractiveness among medical graduates is important for both workforce planning and medical education (13). Reliable information on long-term specialty choice trends may help educators, scientific societies, and policy-makers understand evolving career preferences and design strategies to attract and retain future specialists.

Therefore, the aim of this study was to analyze the evolution of the attractiveness of OBGYN within the Spanish MIR system between 2001 and 2026. We hypothesized that the commonly held perception of a progressive decline in the attractiveness of the specialty would not be fully supported by long-term objective indicators of specialty choice.

2. Methods

This was a retrospective observational study based on publicly available data from the Spanish Medical Residency Training System (MIR). The study evaluated the attractiveness of OBGYN among medical graduates over a 26-year period, from 2001 to 2026. Data were obtained from the official residency allocation results published annually by the Spanish Ministry of Health. The MIR system allocates residency positions through a centralized national process in which candidates are ranked according to their final examination score and academic record and subsequently select available residency positions in descending order of rank. Because the allocation process records the actual specialty chosen by every candidate under real competitive conditions, it provides a unique opportunity to assess specialty attractiveness using objective administrative data rather than stated preferences or survey-based intentions. These publicly available records provide objective information on specialty selection patterns and have been used previously to assess specialty attractiveness within the Spanish residency system.

For each allocation cycle, all OBGYN residency positions offered nationwide were identified. The following indicators were extracted or calculated for each year: total number of OBGYN positions offered, total number of applicants selecting OBGYN positions, first rank number selecting OBGYN, last rank number selecting OBGYN, median rank number of selected candidates, and interquartile range (IQR) of rank numbers. In addition, annual indicators of specialty demand and quotation were obtained from the official allocation results.

In addition, two complementary aspects of specialty attractiveness were evaluated: demand and quotation. Demand measures applicants' preference for a specialty relative to other specialties, whereas quotation measures the relationship between demand and the number of positions offered. Demand therefore reflects the attractiveness of a specialty to applicants, while quotation reflects its attractiveness after accounting for position availability. A specialty with many positions available may have high demand but a lower quotation than a specialty with fewer positions and similar applicant interest.

Together, these indicators provide complementary information on specialty attractiveness. Whereas rank numbers describe the order in which positions are selected, demand and quotation account for the competitive context of the allocation process and allow meaningful comparisons between specialties and across different years, despite changes in the number of applicants or residency positions available.

The quotation and demand metrics used in this study have been described in detail in previous publications (14–16) and are only briefly summarized here. The quotation index measures how rapidly the positions of a specialty are allocated relative to the number of positions offered, thereby reflecting the balance between applicants' preferences and specialty supply. Specialties were ranked according to their quotation index within each allocation cycle, generating the quotation rank, with lower values indicating greater quotation.

Demand was assessed using two complementary approaches. Top demand was designed to reflect the preferences of applicants with the greatest freedom of choice. For each allocation cycle, the number of positions allocated in every specialty was determined at the moment when the first specialty to become fully allocated exhausted all its available positions. Specialties were then ranked according to the number of positions allocated by that time, generating the top-demand rank. Total demand was designed to reflect the preferences of the entire applicant pool. This metric was obtained through pairwise comparisons between specialties across the whole allocation process, determining for each pair which specialty was preferred by applicants and assigning points accordingly. Specialties were subsequently ranked according to their total score, generating the total-demand rank.

Because the number of residency positions offered differs substantially between specialties and across years, the quotation rank, top-demand rank, and total-demand rank were used as the primary indicators for comparisons. In all cases, lower rank values indicated greater quotation or demand, whereas higher values reflected lower quotation or demand.

The primary outcome was the temporal evolution of OBGYN attractiveness as assessed by quotation rank, top-demand rank, and total-demand rank. Secondary outcomes included changes in specialty demand, number of positions offered, and rank-based indicators of specialty selection over the study period.

Descriptive statistics were used to summarize annual trends. Continuous variables were described using medians and interquartile ranges, whereas categorical variables were summarized as frequencies and percentages. Temporal trends in specialty attractiveness were evaluated using graphical representations and robust statistical methods. Associations between calendar year and the annual quotation, top-demand, and total-demand rankings were assessed using robust correlation analysis. The magnitude of temporal changes was quantified by fitting robust linear regression models, with each ranking indicator as the dependent variable and calendar year as the independent variable. Positive regression coefficients indicated a progressive worsening of the specialty's position relative to other specialties, whereas negative coefficients indicated improvement. Robust methods were used because the analyses relied on a limited number of annual observations and the assumptions required for conventional parametric approaches could not be assumed. Statistical analyses were performed using R (R Foundation for Statistical Computing, Vienna, Austria) through the RStudio integrated development environment. Statistical significance was established at a two-sided p-value <0.05.

3. Results

During the study period, the number of OBGYN residency positions increased from 181 in the 2001 allocation cycle to 284 in 2026, representing a 56.9% increase (table 1). Over the same period, the total number of MIR positions increased from 3,440 to 9,275. The rank number of the first candidate selecting OBGYN remained consistently low throughout the study period, ranging from 4 to 184, whereas the rank number of the last allocated position increased from 2,578 in 2001 to 4,521 in 2026. Median rank numbers increased from 1,149 in 2001 to 2,559 in 2026, although substantial year-to-year variability was observed.

The quotation index remained relatively stable throughout the study period, fluctuating between 113.5 and 139.1. OBGYN maintained a high position among all MIR specialties, with a global quotation rank ranging between 10th and 17th place. When only medical-surgical specialties were considered, OBGYN consistently ranked among the six most attractive specialties, occupying positions between 2nd and 6th throughout the study period. No significant temporal trend was observed in the global quotation rank (robust rho = −0.23, p = 0.261), indicating overall stability in the relative attractiveness of the specialty over time (figure 1).

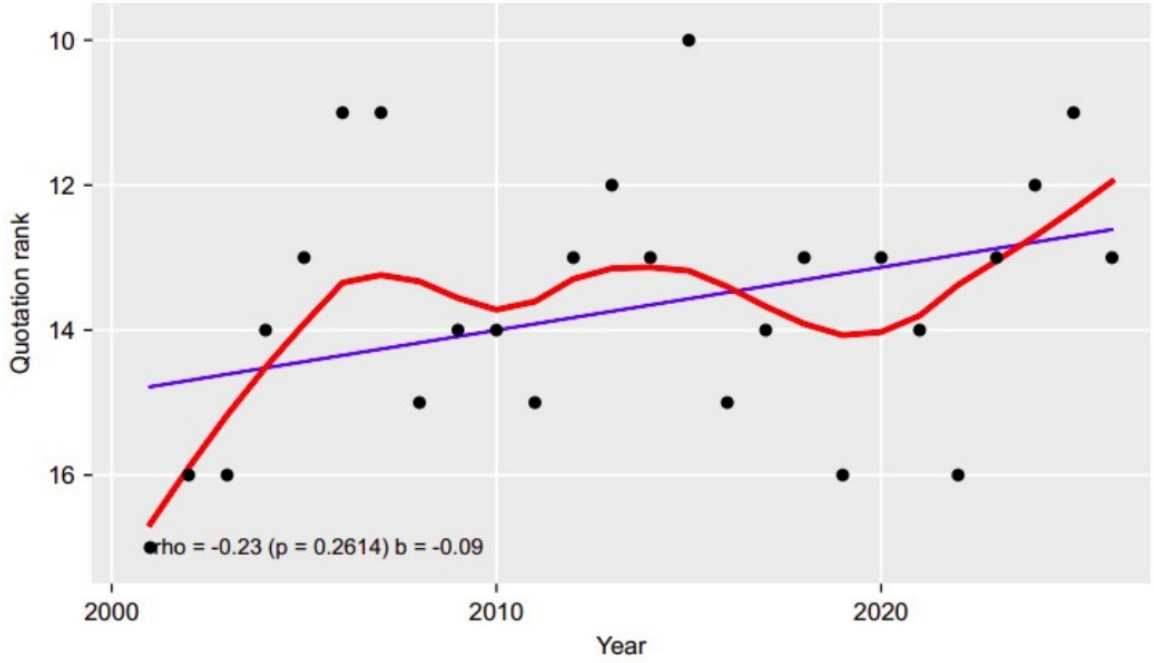

Figure 1. Evolution of the quotation rank of Obstetrics and Gynecology in the Spanish MIR residency allocation process (2001–2026). Points represent the annual quotation rank of the specialty. The blue line shows the robust linear regression fitted to the data, whereas the red line represents the smoothed trend curve.

Top-demand indicators showed that OBGYN was consistently selected by candidates with the highest levels of choice opportunity (figure 2). Between 2001 and 2026, the specialty occupied positions ranging from 3rd to 11th in the top-demand ranking. The highest rankings were observed in 2007, 2009 and 2013, when OBGYN reached 3rd position, whereas lower rankings were observed in 2022, 2023 and 2026 (11th position). Despite these fluctuations, the specialty remained within the upper tier of specialties preferred by candidates with the best MIR rankings.

The total-demand ranking also remained consistently favorable throughout the study period (figure 3). OBGYN ranked between 2nd and 8th position among all specialties. The specialty achieved its highest rankings in 2005, 2007, 2013 and 2021 (2nd position), while its lowest ranking was observed in 2023 and 2026 (8th position). Across the 26-year study period, OBGYN was generally positioned among the five most demanded specialties in the MIR system, indicating sustained demand despite changes in the number of available positions and evolving workforce conditions.

Overall, the different indicators showed some fluctuations over time but did not support a marked decline in the attractiveness of OBGYN within the Spanish MIR system. While rank numbers increased in parallel with the expansion of residency positions, demand- and quotation-based indicators remained comparatively stable, and OBGYN consistently occupied a prominent position among medical and surgical specialties.

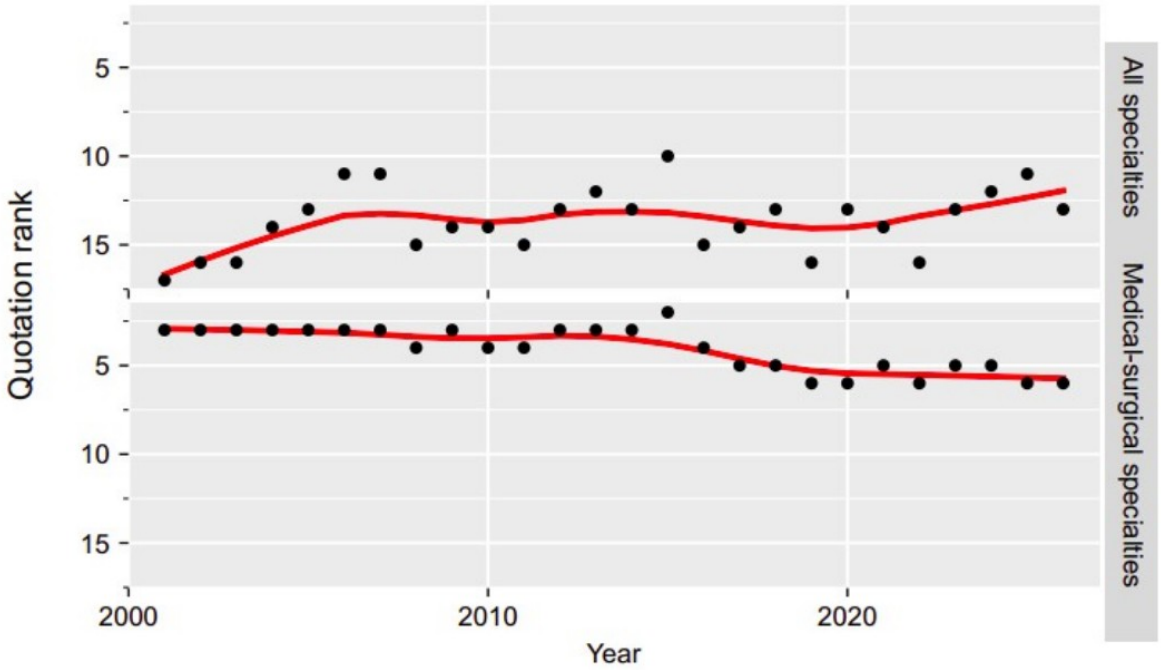

Figure 2. Quotation rank of Obstetrics and Gynecology among all and medical–surgical specialties. Annual quotation-rank positions of Obstetrics and Gynecology are shown separately for all MIR specialties (upper panel) and medical–surgical specialties only (lower panel). Black dots represent the annual quotation-rank position and the red line shows the smoothed temporal trend. Lower quotation-rank values indicate greater specialty attractiveness.

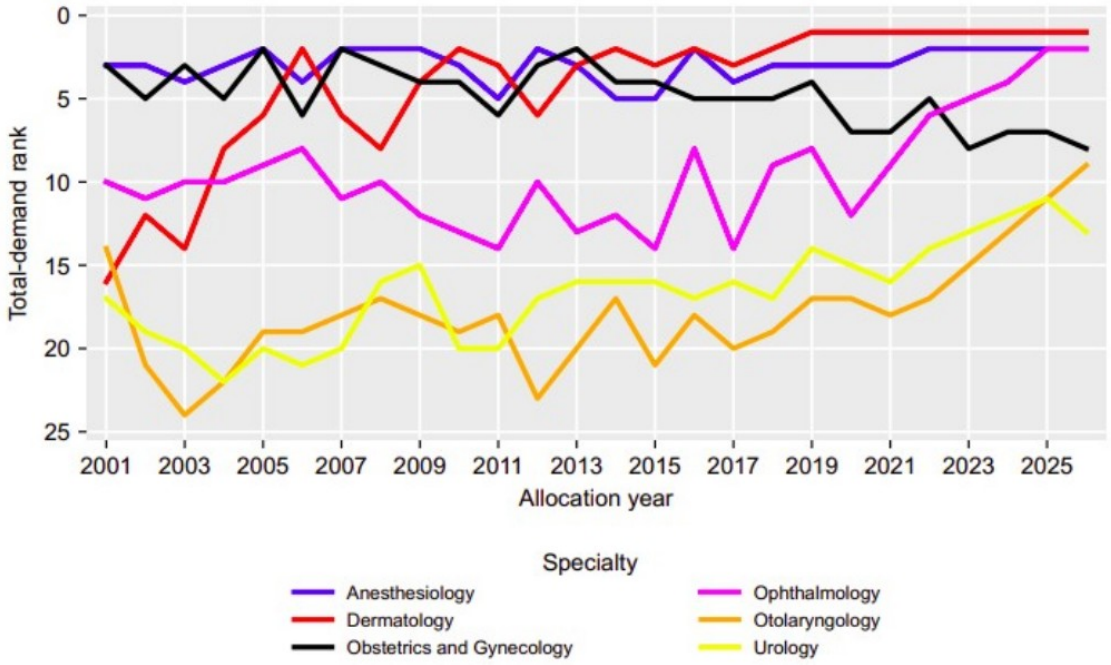

Figure 3. Evolution of the total-demand rank of Obstetrics and Gynecology compared with selected medical-surgical specialties (2001–2026).

4. Discussion

The present study provides a comprehensive overview of the evolution of the attractiveness of OBGYN within the Spanish MIR system over a 26-year period. The main finding is that the commonly held perception of a progressive decline in the attractiveness of the specialty is not fully supported by objective indicators of specialty choice. Although the rank number of the last allocated position increased substantially between 2001 and 2026, demand- and quotation-based indicators remained remarkably stable. Throughout the study period, OBGYN consistently occupied a prominent position among both medical-surgical specialties and the overall MIR ranking, suggesting sustained attractiveness despite profound changes in healthcare systems, professional expectations, and working conditions.

A similar pattern has been reported for Internal Medicine and Endocrinology, where the same methodology also showed a relatively stable attractiveness over time (14,15). Although these specialties differ considerably in their clinical practice and working conditions, their overall trends were remarkably similar. This suggests that the attractiveness of well-established specialties may be more stable than generally perceived, despite the many changes in healthcare organization, workforce planning, and the expectations of younger physicians. At the same time, the differences in their relative ranking indicate that each specialty has its own characteristics influencing career choice. These findings should nevertheless be interpreted within the context of the Spanish MIR system, a centralized national residency allocation process in which candidates sequentially select specialties according to their ranking. Although this approach provides a robust measure of revealed specialty preferences under real competitive conditions, caution is warranted when extrapolating these findings to countries with different residency selection systems or healthcare structures.

The apparent discrepancy between professional perceptions and observed specialty choice deserves particular attention. During the last two decades, substantial changes have occurred in the expectations and career aspirations of medical graduates. Several authors have suggested that younger generations of physicians place greater emphasis on work-life balance, flexibility, personal wellbeing, and career sustainability than previous generations (1,17). Given the demanding nature of OBGYN, one might reasonably expect these evolving preferences to result in a progressive decline in the attractiveness of the specialty (4). However, our findings suggest that any such effect has been limited, as objective indicators of demand remained consistently favorable throughout the study period.

This observation is particularly noteworthy because OBGYN is frequently perceived as one of the most demanding medical specialties (7). The specialty combines surgical activity, emergency care, night shifts, high clinical responsibility, and the management of potentially life-threatening maternal and fetal complications (7,12). Although high levels of burnout have been reported among OBGYN residents in different healthcare settings (12), the interpretation of these findings should consider the characteristics of each healthcare system. In Spain, similar concerns have been described, with residents reporting high levels of workload, difficulties in achieving work-life balance, and demanding training requirements despite expressing high overall satisfaction with their career choice (4, 11). Interestingly, more than 90% of Spanish OBGYN residents would recommend the specialty to future trainees, suggesting that professional fulfillment may coexist with substantial occupational burden (11).

In addition to workload-related factors, contemporary obstetric practice has become increasingly exposed to social scrutiny, medicolegal pressures, and public debate regarding maternity care (18). Obstetrics remains one of the medical disciplines most frequently involved in litigation, largely because adverse outcomes may affect both mother and child and often generate

significant emotional and social consequences (19,20). At the same time, public discussions surrounding concepts such as obstetric violence have increased the visibility of obstetric practice and intensified scrutiny of clinical decision-making (21,22). Although these developments may contribute to professional stress and defensive medical practice, our findings suggest that they have not translated into a measurable reduction in the attractiveness of the specialty among Spanish medical graduates (7,23). These observations should not be interpreted as evidence of a causal relationship, since the present study was designed to describe temporal trends in specialty choice rather than to identify the determinants of career preferences.

Economic considerations may also be relevant when interpreting the stability observed in specialty attractiveness. Previous studies conducted in Spain have shown that employment opportunities and future career prospects influence specialty preferences (24). However, within the Spanish National Health System, salary differences between specialties are generally smaller than in many other healthcare systems. In parallel, the purchasing power of physicians has declined in real terms during recent decades (25,26). Under these circumstances, specialty choice may depend less on expected financial rewards and more on vocational factors, professional identity, and personal interest. This interpretation is supported by recent evidence showing that vocation and interest in women's health remain the main reasons for choosing OBGYN among Spanish residents.

The sustained attractiveness of OBGYN despite these challenges may partly reflect the unique characteristics of the specialty. Few disciplines combine medical management, surgery, emergency care, preventive medicine, reproductive medicine, oncology, and maternal-fetal medicine within a single training pathway. This diversity provides a broad range of professional opportunities and may continue to appeal to medical graduates seeking a dynamic and varied career. The high levels of satisfaction reported among current residents further support the notion that the intrinsic attributes of the specialty may compensate for some of its well-recognized disadvantages (4,11).

The findings of this study should be interpreted in light of several limitations. First, the analysis was based on aggregated administrative data and therefore did not allow evaluation of individual-level characteristics such as sex, academic performance, socioeconomic background, or stated specialty preferences. Second, the MIR allocation process reflects revealed preferences rather than true unconstrained preferences. As previously demonstrated, specialty choices within sequential allocation systems are influenced not only by individual preferences but also by the availability of positions at the time of selection(8). The progressive increase in the total number of MIR positions over the study period may also influence the interpretation of absolute rank numbers. For this reason, relative indicators such as the quotation index and quotation rank provide a more robust assessment of changes in specialty attractiveness over time. Third, although objective indicators provide valuable information regarding specialty attractiveness, they cannot fully capture the complex motivations underlying career choice. Finally, the study was conducted within the Spanish MIR system, and the findings may not be directly generalizable to countries with different residency allocation mechanisms.

Despite these limitations, this study has important implications for medical education and workforce planning. Discussions regarding the future attractiveness of OBGYN are often based on anecdotal impressions or isolated indicators such as the rank number of the last allocated position. Our findings suggest that a more nuanced interpretation is required. While the specialty undoubtedly faces significant challenges related to workload, burnout, medicolegal pressures, and evolving professional expectations, objective indicators derived from the MIR system indicate that OBGYN has maintained a remarkably stable and competitive position among Spanish medical graduates over the last quarter century. A major strength of this study is the use of objective administrative data derived from the MIR allocation process. The MIR is a nationwide,

standardized competitive system that determines access to specialist training in Spain and provides a unique opportunity to evaluate specialty choice using objective administrative data rather than stated preferences or career intentions. Recent studies in medical education have also highlighted the value of the MIR as a robust framework for educational research and assessment (27, 28). Unlike survey-based studies, which evaluate stated preferences or career intentions, MIR data reflect actual specialty choices made under real competitive conditions. Although specialty selection may be influenced by the availability of remaining positions, these data provide one of the most robust objective indicators of specialty attractiveness currently available (8,29).

5. Conclusions

- The attractiveness of Obstetrics and Gynecology among Spanish medical graduates remained stable over the last 26 years despite substantial changes in healthcare systems, professional expectations, and working conditions.
- Objective indicators derived from the MIR allocation process suggest that OBGYN continues to occupy a competitive position among medical and surgical specialties.
- These findings emphasize the value of administrative allocation data for understanding specialty choice and informing workforce planning and medical education policies.

Funding: There was no funding.

Declaration of conflict of interest: The authors declare that they have no conflict of interest.

Author contributions: Data compilation was conducted by JJAM. Statistical analysis was executed by JJAM. Technical and academic guidance were generously provided by ROS, JSR, LMSF, RRN, LCL and JJAM. All the authors participated in drafting and redaction of the manuscript and approved the final version.

6. References.

1. Querido SJ, Vergouw D, Wigersma L, Batenburg RS, De Rond MEJ, Ten Cate OTJ. Dynamics of career choice among students in undergraduate medical courses. A BEME systematic review: BEME Guide No. 33. *Medical Teacher*. **2016**, 38(1), 18-29. https://doi.org/10.3109/0142159X.2015.1074990
2. Van der Aa JE, Goverde AJ, Scheele F. Improving the training of the future gynaecologist: development of a European curriculum in Obstetrics and Gynaecology (EBCOG-PACT). *Facts Views Vis Obgyn*. **2018**, 10(1), 1-2. https://pmc.ncbi.nlm.nih.gov/articles/PMC6260669/
3. Spain E, Tumelty ME, Hannigan A, Cinnamond K, Cheema A, Cotter A. Factors impacting on the decision of graduate entry medical school students to pursue a career in obstetrics and gynecology in Ireland. *BMC Med Educ*. **2023**, 23(1), 449. https://doi.org/10.1186/s12909-023-04425-8
4. Castelo-Branco C, Figueras F, Eixarch E, et al. Stress symptoms and burnout in obstetric and gynaecology residents. *BJOG*. **2007**, 114(1), 94-98. https://doi.org/10.1111/j.1471-0528.2006.01155.x
5. Dapueto JJ, Nozar F, Artucio S, Sánchez D, Aguirrezábal P, Briozzo L. Effectiveness of an organizational intervention aimed to reduce burnout and emotional distress, and improve quality of life of an Obstetrics–Gynecology team. *Journal of Healthcare Quality Research*. **2026**, 41(3), 101156. https://doi.org/10.1016/j.jhqr.2025.101156
6. Department of Obstetrics and Gynaecology, Pamela Youde Nethersole Eastern Hospital, Chai Wan, Hong Kong, Lam CY, Cheung CS, Hui AS. Factors influencing the career interest of medical graduates in obstetrics and gynaecology in Hong Kong: a cross-sectional questionnaire survey. *Hong Kong Med J*. **2016,** 22(2), 138–43 https://doi.org/10.12809/hkmj154650
7. Hammoud MM, Morgan HK, George K, et al. Trends in Obstetrics and Gynecology Residency Applications in the Year After Abortion Access Changes. *JAMA Netw Open*. **2024**, 7(2), e2355017. https://doi.org/10.1001/jamanetworkopen.2023.55017
8. Harris JE, Lopez-Valcarcel BG, Barber P, Ortún V. Allocation of Residency Training Positions in Spain: Contextual Effects on Specialty Preferences. *Health Economics*. **2017**, 26(3), 371-386. https://doi.org/10.1002/hec.3318

9. Coste A, Morland D, Becker JM, et al. A retrospective longitudinal study of students' residency choices at the French medical ranking exam. *BMC Med Educ*. **2025**, 25(1), 1677. https://doi.org/10.1186/s12909-025-08148-w
10. Hui L, Feng K, Tao J, Chang O. A retrospective analysis of specialty match rate and gender trends in Canadian residency applications (2019–2024). Mitra S, ed. *PLoS One*. **2025**, 20(10), e0334134. https://doi.org/10.1371/journal.pone.0334134
11. Cancelo-Hidalgo MJ, San Frutos-Lorente L, Brescó-Torras P. Determinant Factors in Satisfaction and Choice of the Gynecology and Obstetrics Specialty in Spain. A Census Analysis. *Prog Obstet Ginecol*. **2025**, 68(2), 37-43. https://dialnet.unirioja.es/servlet/articulo?codigo=10228899
12. Szcześniewska S, Zaręba K, Zgliczyński WS, Ciebiera M, Feduniw S. Occupational burnout among obstetrics and gynaecology residents: a systematic review. *Front Public Health*. **2025**, 13, 1666659. https://doi.org/10.3389/fpubh.2025.1666659
13. Barber-Pérez P, González-López-Valcárcel B. Actualización: Informe de necesidad de médicos especialistas en España 2023-2035. Published online **2024.** https://www.sanidad.gob.es/areas/profesionesSanitarias/profesiones/necesidadEspecialistas/docs/Oferta_y_necesidad_de_medicos_especialistas_en_Espana_2023-2035.pdf
14. Sánchez Martínez S, Solís García Del Pozo J, Cabeza Osorio L, Gómez Garrido J, Méndez Bailón M, Alfaro Martínez JJ. Analysis of the Internal Medicine specialty demand in Spanish exam for accessing to the Resident Physicians Training Program through the quotation index (2001–2024). *Revista Clínica Española (English Edition)*. **2025**, 225(5), 102278. https://doi.org/10.1016/j.rceng.2025.102278
15. Alfaro-Martínez JJ, García Blasco L, Quílez Toboso RP, et al. Evolución de la elección de plazas MIR de Endocrinología y Nutrición 2001-2022 medida mediante el índice de cotización. *Endocrinología, Diabetes y Nutrición*. **2023**, 70(2), 115-123. https://doi.org/10.1016/j.endinu.2022.07.003
16. Torres Moreno MP, Blanco Herrera R, Vegas Fernández L, Alfaro Martínez JJ. Elección de Medicina Familiar y Comunitaria en el MIR 2002-2023: un enfoque objetivo muestra que es una especialidad tan valorada como las hospitalarias. *Medicina de Familia SEMERGEN*. **2024**, 50(5), 102198. https://doi.org/10.1016/j.semerg.2024.102198
17. Barranquero AG, Maestre González Y, Mestres Petit N, et al. Delay in the residents' choice for General and Digestive Surgery: Analysis of the period 2018–2022. *Cirugía Española (English Edition)*. **2024**, 102(8), 408-416. https://doi.org/10.1016/j.cireng.2023.08.006
18. Studdert DM. Defensive Medicine Among High-Risk Specialist Physicians in a Volatile Malpractice Environment. *JAMA*. **2005**, 293(21), 2609. https://doi.org/10.1001/jama.293.21.2609
19. Baas MAM, Stramrood CAI, Molenaar JE, van Baar PM, Vanhommerig JW, van Pampus MG. Continuing the conversation: a cross-sectional study about the effects of work-related adverse events on the mental health of Dutch (resident) obstetrician-gynaecologists (ObGyns). *BMC Psychiatry*. **2024**, 24(1), 286. https://doi.org/10.1186/s12888-024-05678-3
20. Slade P, Balling K, Sheen K, et al. Work-related post-traumatic stress symptoms in obstetricians and gynaecologists: findings from INDIGO, a mixed-methods study with a cross-sectional survey and in-depth interviews. *BJOG*. **2020**, 127(5), 600-608. https://doi.org/10.1111/1471-0528.16076
21. McCarthy CM, O'Sullivan S, Corcoran P, et al. Medicine, media and the law: The effect on training in obstetrics and gynaecology. *Eur J Obstet Gynecol Reprod Biol*. **2021**, 257, 35-41. https://doi.org/10.1016/j.ejogrb.2020.12.004
22. Bourne T, Shah H, Falconieri N, et al. Burnout, well-being and defensive medical practice among obstetricians and gynaecologists in the UK: cross-sectional survey study. *BMJ Open*. **2019**, 9(11), e030968. https://doi.org/10.1136/bmjopen-2019-030968
23. Ní hÉalaithe C, Howard A, Corcoran P, et al. Factors influencing medical students' decision to pursue a career in obstetrics and gynaecology. *PLoS One*. **2023**, 18(12), e0288130. https://doi.org/10.1371/journal.pone.0288130
24. Harris JE, González López-Valcárcel B, Ortún V, Barber P. Specialty choice in times of economic crisis: a cross-sectional survey of Spanish medical students. *BMJ Open*. **2013**, 3(2), e002051. https://doi.org/10.1136/bmjopen-2012-002051
25. Gallo P, Gené-Badia J. Cuts drive health system reforms in Spain. *Health Policy*. **2013**, 113(1-2), 1-7. https://doi.org/10.1016/j.healthpol.2013.06.016

26. Karanikolos M, Mladovsky P, Cylus J, et al. Financial crisis, austerity, and health in Europe. *Lancet*. **2013**, 381(9874), 1323-1331. https://doi.org/10.1016/S0140-6736(13)60102-6
27. González Castro P, Campos Pavón J, Carazo Casas C. Predictive validity of academy mock tests against MIR exam: a retrospective multicohort observational concordance study. *Rev Esp Edu Med*. **2025**, 6(6). https://doi.org/10.6018/edumed.681901
28. Carpio Salmerón M, Carazo-Casas C, Benito P, et al. Frontier Large Language Models on the 2026 Spanish MIR Examination: A Multimodal Cross-Sectional Evaluation. *Rev Esp Edu Med*. **2026**, 7(4). https://doi.org/10.6018/edumed.716401
29. Freire JM, Infante A, De Aguiar AC, Carbajo P. An analysis of the medical specialty training system in Spain. *Hum Resour Health*. **2015**, 13(1), 42. https://doi.org/10.1186/s12960-015-0038-y

Copyright

© 2026 University of Murcia. Submitted for open access publication under the terms and conditions of the Creative Commons Attribution-NonCommercial-NoDerivatives 4.0 Spain License (CC BY-NC-ND) (http://creativecommons.org/licenses/by/4.0/)

Table 1. Evolution of OBGYN attractiveness indicators in the MIR system (2001–2026).

Year	Quotation Index	Global Quotation Rank	Medical-surgical Quotation Rank	Total Positions	OBGYN Positions	First Rank	Last Rank	Median Rank	p25	p75	Top Demand Rank	Total Demand Rank
2001	113.47	17	3	3440	181	49	2578	1149	612	1512	5	3
2002	130.47	16	3	5130	189	5	3428	1317	735	1739	5	5
2003	134.53	16	3	5417	197	10	2945	1441	893	1895	8	3
2004	126.74	14	3	5661	200	15	2612	1448.5	925.5	1919.75	9	5
2005	135.22	13	3	5480	205	70	2940	1471	893	1920	5	2
2006	139.05	11	3	5682	216	49	4094	1341	768.5	2071.5	4	6
2007	136.98	11	3	5792	225	42	3310	1453	811	2145	3	2
2008	132.33	15	4	6214	251	10	3622	1907	1165	2717.5	8	3
2009	133.76	14	3	6716	259	18	3600	1921	1075	2728.5	3	4
2010	128.66	14	4	6922	277	9	4263	1879	1115	2665	6	4
2011	129.54	15	4	6835	271	52	3797	1917	1187.5	2670.5	7	6
2012	130.31	13	3	6697	266	9	4801	1762.5	1010.5	2579.5	4	3
2013	132.47	12	3	6337	262	65	3646	1710.5	729.75	2735.75	3	2
2014	134.81	13	3	5921	247	4	4097	1651	1033	2567.5	5	4
2015	130.09	10	2	5993	239	101	3259	1660	1078.5	2434.5	6	4
2016	123.42	15	4	6089	235	21	3756	1860	1025.5	2781.5	7	5
2017	121.14	14	5	6322	245	41	3689	1998	1081	2707	5	5
2018	118.63	13	5	6477	253	34	4044	2059	1258	2898	7	5
2019	119.08	16	6	6872	269	79	3896	2318	1347	3063	8	4
2020	122.11	13	6	7615	271	102	4309	2470	1306	3406.5	8	7
2021	128.48	14	5	7987	275	83	4585	2397	1392	3462.5	10	7
2022	131.13	16	6	8188	276	184	4628	2638	1568.5	3575	11	5
2023	134.4	13	5	8479	280	73	4462	2446	1472.75	3331	11	8
2024	134.54	12	5	8768	282	86	4253	2477.5	1371.75	3312.75	7	7
2025	132.96	11	6	9007	282	75	4385	2385.5	1380	3406.75	8	7
2026	129.9	13	6	9275	284	14	4521	2559	1665.75	3376.75	11	8