

# *Being a Little Fish in a BIG Pond*

Considerations When Navigating Residency Application  
in the Single Accreditation Era

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# A *Quick Note*

This is Part 1 of a 2-Part series for osteopathic medical students

Part 2 will focus on Osteopathic Recognition, which may be **critical** to our future

Part 2 will occur on **December 13, 2017** via webinar

Links will be provided by the ACOFP

Now, on to the show....

# *A Matter of Time*

2014 - Memorandum of Understanding (AOA/ACGME)

2015 - AOA programs apply for ACGME accreditation

2020 - AOA accreditation of programs ceases

**2015-2020**

***Chaos ensues for students!!!***



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# *Fear, Uncertainty and Doubt*

Matching is a **confusing** process

Personal challenges

“What do I want & can I get it?”

System challenges

One or two matches?

Single Accreditation?

Osteopathic Recognition?

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# Goals & Objectives

- By the end of this discussion, you will:
- Be able to ask yourself some questions to help you figure out what to apply for
- Understand the statistics on the NMS and NRMP match and what this means for you
- Start to develop a strategy for the match based on what YOU want
- Understand how Single Accreditation does (and doesn't) affect your strategy
- Understand what Osteopathic Recognition is and why it may (or may not) matter to you

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# *What Do I Want??*

# *What Do I Want??*

- **What's your passion? What intrigues you? What can you do for 30 years?**
- Is it feasible?
  - Exposure (Good experience and good reputation)
  - Competitiveness (COMLEX/USMLE Scores)
- What's my 'Plan B' and 'Plan C'?
  - Plan B - What you will do for one year while you wait to reapply to your chosen specialty
  - Plan C - What will you do if your chosen specialty is closed off to you **forever**

# *What Do I Want??*

- Strategies:
  - Keep your options open - identify at least **two** specialties that you like
  - Be prepared to spend some time in both areas (schedule rotations with residency programs)
  - Make **weighted 'Pro/Con' lists**
  - Plan B - Transitional Year? Research?; Find hospitals willing to support you & have your residency choice
  - Plan C - Keep in touch with programs you might look at in Scramble/SOAP

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# *Important Statistics*

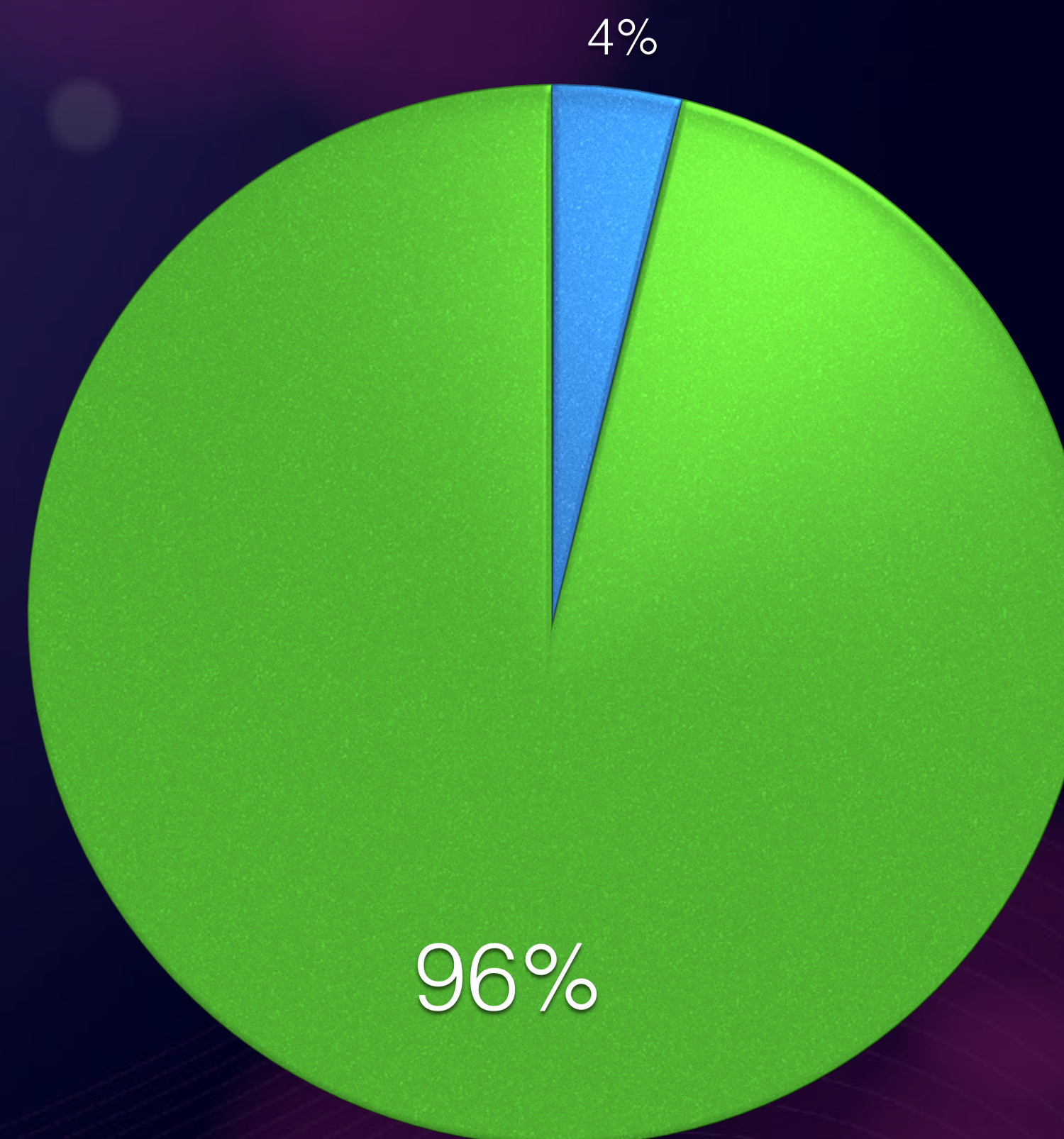
# *The Stats - NRMP*

## ■ 2017 NRMP Data

- Total applicants - 35,969
- Total positions - 31,757
- Filled positions - 30,478
- Of the remaining 1,279 positions:
  - 1,177 were placed in SOAP; 1,076 filled
- Overall 99.4% fill rate

● Unfilled ● Filled

2017 NRMP Matched Positions



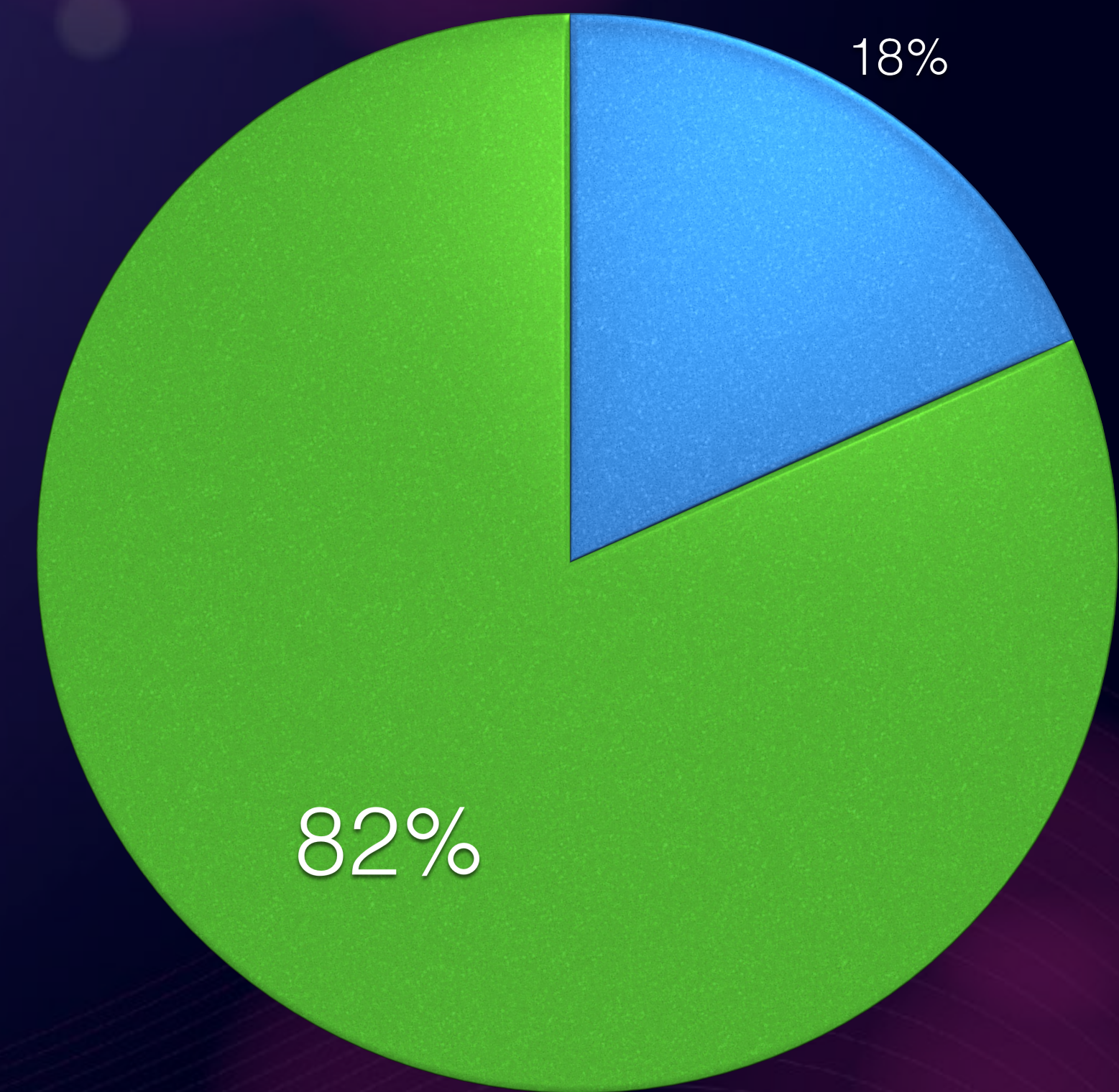
# *The Stats - NRMP*

## ■ 2017 NRMP Data

- DO Candidates - 3,590
- Filled positions - 2,933
- The point: 1 in 5 DOs did NOT match as hoped

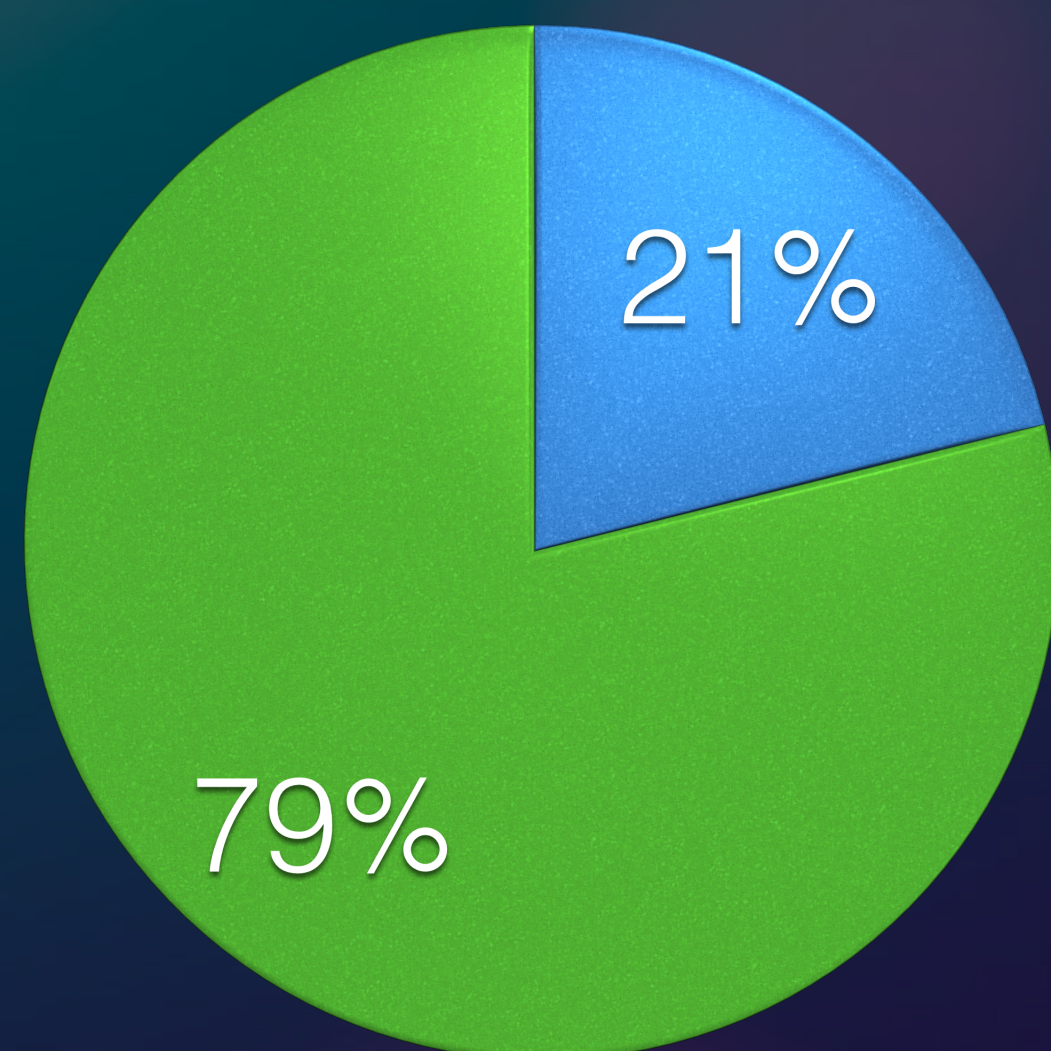
● Unmatched      ● Matched

2017 NRMP DO Candidates



# *The Stats - NMS*

NMS Match Rate



● Unmatched

● Matched

## ■ 2017 NMS Data

- 709 programs
- 3,109 positions available
- 2,214 filled
- Transitional Year positions: 438; only 141 filled
- The point: 1 in 5 positions went unfilled
- Why?
  - 70% of all positions are primary care specialties

# More *Facts*

- Total number of DO candidates: 5,804
- Approximately 62% entered NRMP and 38% entered NMS
- AOA FM programs make up 30% of all US FM programs, but have 20% of FM positions
- 3,356 FM positions in NRMP; 960 FM positions in NMS
- Over 50% of FM positions were unfilled in NMS
- In NRMP, US graduates filled only 45% of FM positions; overall fill was 95.8%

# Conclusions?

- FM as a specialty doesn't appear to be a priority for most DOs or domestic MDs
- Competition for these spots may be less challenging
- NRMP Competition is greater due to larger numbers of both domestic & foreign graduates
- For FM, plenty of spots exist on both sides - so **RANK THE PROGRAMS YOU LIKE**
- If you like programs in both matches, decide whether you will commit to the NMS program if matched - if not, **do not rank them**

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# Strategy

# *Successful Characteristics*

- **2016 NRMP Program Director Survey Findings (Family Medicine)**
  - For Interviews:
    - Most important factors: **Match Violation, Visa Status and Professionalism**
    - Next: Commitment to specialty & passing USMLE/COMLEX (especially USMLE/COMLEX 2)
    - Failing any COMLEX or USMLE was **slightly more important** than passing it as a factor

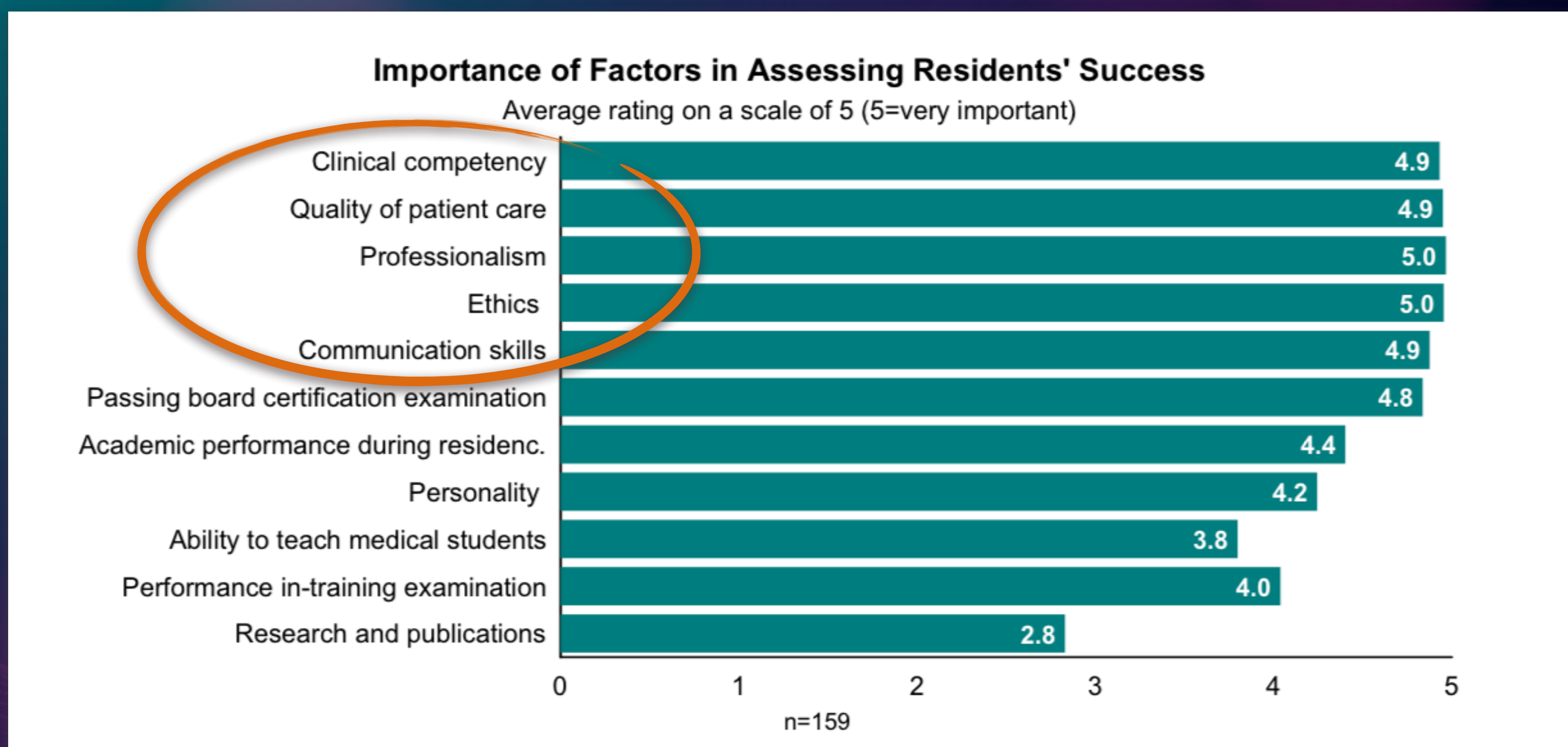
# *Successful Characteristics*

- **2016 NRMP Program Director Survey Findings (Family Medicine)**
  - For Ranking:
    - Most important factors: **Interaction with faculty/house staff and interpersonal skills**
    - Next: Resident feedback and professionalism/ethics
    - Match violations were significant negative factor

# *Successful Characteristics*

- 71% of programs would **not** consider ranking someone who failed Step 2 on first attempt
- More programs than not only care that you passed, as opposed to scores
- 96% of all NRMP programs interview and rank DO candidates
- No programs would not interview DOs; <1% would not rank them

# Successful Characteristics



Source: National Resident Matching Program, Data Release and Research Committee: Results of the 2016 NRMP Program Director Survey. National Resident Matching Program, Washington, DC. 2016.

# *Successful Characteristics - Summary*

- Be professional and ethical (work ethic, behavior, accountability)
- Communicate well at all times (this is an **interview**)
- Be sincere with everyone (including residents)

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# *Single Accreditation Implications*

# *Immediate Strategies*

- More programs have received ACGME accreditation since last year
- **Ask about ACGME Accreditation status**
- Many are participating in the NRMP; some are doing both (financial factor for hospital)
- First you must find the programs you like, then:
  - Ask which match(es) they are in; if both, ask them if it is preferable to be in one or both
  - Recognize you will be up against **more competition** than any class before
  - Don't allow controllable factors (ERAS completion, behavior) to remove you from consideration

# ACGME Accreditation Status

- Programs cannot **participate in NRMP** without being ACGME accredited
- 4 Steps
  - Pre-Accreditation: Application submitted, but not reviewed or inspected
  - Continued Pre-Accreditation: Application reviewed and inspected, but citations present
  - **Initial Accreditation: Program approved for 2 year initial period**
  - **Continued Accreditation: Program approved for 10 years**

# *Long-Term Strategies*

- After the interview:
  - DO contact the program to thank them and let them know your interest
  - DO indicate if you intent to rank them and if highly
  - DO NOT ask them if they can specify where they will rank you
  - If your intentions change, DO let the program know - if you don't you take away opportunities for other students
  - DO be honest in your communications - your reputation is all you have (as does the program!)

# *The Future - Unified Match??*

- Probable in 2020 **at the latest** (may be 2019)
- Will remove many advantages DO graduates currently have
- **MAY** provide new opportunities (possibly in subspecialty programs)

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# *Osteopathic Recognition*

# *What Is It?*

- An ACGME designation programs may apply for that indicates the program incorporates **Osteopathic Principles and Practice** throughout the program
- A way for programs to demonstrate fidelity to their osteopathic heritage and practice style
- A way for programs to recruit osteopathic students who value their medical school training
- Nothing of value to anyone
- Who will decide the future of it??

**YOU**

# *Summary*

- With Single Accreditation:
- Competition will be greater (more spots, but MANY more applicants)
- What is your Plan B and your Plan C?
- You will have to distinguish yourself by being **professional, ethical and a good communicator**
- Family Medicine still represents a relatively easier specialty to get into (many spots; 50% fill rate)
- Osteopathic Recognition will live or die based on **YOUR** valuation of it

'The Great Wave Off Kanagawa' By Katsushika Hokusai - Metropolitan Museum of Art, online database: entry 45434, Public Domain



*Thank You!! - Stay Tuned for Part 2 on 12/13/17*