



TOOLKIT TO SUPPORT STUDENTS REENTERING THE RESIDENCY APPLICATION & MATCH PROCESS

**Guidance for Osteopathic
Medical Schools**







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Executive Summary

The American Association of Colleges of Osteopathic Medicine (AACOM) Board of Deans established a task force in 2022 to address critical issues impacting osteopathic medical education. One of the key focus areas is the transition to residency. As part of the overall considerations in the transition to residency, the UME-GME Task Force sought to address some of the recommendations released by the Coalition for Physician Accountability's Undergraduate to Graduate Medical Education Committee.¹ In this report, the committee expressed concern for the growing number of unmatched physicians and sought recommended interventions. AACOM seeks to support the colleges of osteopathic medicine (COMs) by sharing existing best practices to support the continued improvement approach to address unmatched graduates and to offer alternative pathways.

The AACOM UME-GME Task Force's Transition to Residency Working Group created the Unmatched Action Group to provide recommendations for COMs to offer unmatched osteopathic medical graduates. The action group has developed categories for unmatched students based on likely reasons for being unmatched and provides recommendations for each category. In addition, the action group elucidates leadership, resilience and mental health considerations that should be acknowledged and provides resources and solutions to address these factors, including alternative pathways or careers. The toolkit concludes with an exemplar of how institutions may structure a program for unmatched students to incorporate many of the recommendations in the toolkit in a comprehensive manner.

Background

AACOM's first UME-GME Task Force Residency Match Working Group fielded a survey in 2018 and 2019 to determine reasons why students did not match. Each year, the survey was sent to medical school advisors and COM deans. The results were shared with the AACOM Board of Deans in 2018 and 2019. The data pointed to low board scores and lack of parallel plans as the key reasons students did not match. AACOM shared guidance on strategies or options for unmatched students with the Board of Deans from 2018 to 2020 in preparation for the single match in 2020.

Options for unmatched students at that time were focused on offering a research year, an additional degree (MPH, MBA, MHA, PhD, EdD, JD), volunteer work (AmeriCorps) or paid, paid employment in research, clinical education or teaching. Recommendations for match re-entry included rethinking match strategy, expanding specialty and geographic options, increasing contiguous (one specialty) ranking and increasing the rank order list. Applications could also be enhanced with updated letters of recommendations, personal statements and demonstration of interest in a particular program.

The goal of Phase II of the UME-GME Task Force through the Transition to Residency Working Group and the Unmatched Action Group is to provide additional recommendations for unmatched students and initiatives for AACOM to pursue to support COMs and students.

Categories and Definitions

The UME-GME Transition to Residency Working Group defined “unmatched students” as students who have not placed into a residency program by July 1 at the end of their fourth year.

The Unmatched Action Group organized recommendations for students based on two categories of students that tend to be unsuccessful in the Match. Each category may require slightly different recommendations.

- **Group A:** Students who are committed to a specialty that they may either not be academically competitive for and are not willing to broaden their specialty options or did not create a strategic application plan to ensure placement success. Students who may have received an unfavorable or poorly written letter of recommendation or may be in another unfortunate scenario not explained by poor academics/interpersonal skills
- **Group B:** Students who are academically strong and well-rounded but did not match into their specialty due to lack of interpersonal skills (professionalism issues, poor interview skills, etc.)
- **Group C:** Students who partially matched and will need resources to match into a categorical program

This toolkit focuses on strategies and recommendations for Groups A and B, and the action group will address Group C in the second iteration of the toolkit.

These groups and categories were created based on the experience of seasoned advisors and available data. Feedback on the categories and recommendations was solicited from the AACOM

Council on Residency Placement, the AACOM Board of Deans and the AACOM Clinical Deans group.

Options for Unmatched Students

Medical schools offer various options for unmatched students with the goal of equipping them with additional credentials and experiences for success in the residency match. Depending on the specific circumstances of the student, schools may graduate the student who is unmatched or they may delay graduation, particularly if there is a defined plan of study. Some options for COMs to consider for unmatched students are highlighted in Table 1. Among the options are research opportunities that could be offered by the COM as a research year and/or a research scholar position at the COM that would partner the student with a mentor to conduct research relevant to the specialty of interest. In addition, some residency programs and institutions may offer research fellowships, which can be a year in length and can provide exposure to a residency program in a desired specialty. The AACOM Unmatched Action Group recommends the development of a centralized location for research fellowship programs and other fellowship programs. To start that effort, the group has compiled a few research fellowships by specialty; however, a more exhaustive list will be beneficial for medical students.²

A popular option for unmatched students is a dual-degree program, such as an MPH or MBA, at the COM or an affiliated university partner. COMs could consider accepting transfer students who desire a dual degree in their COM or with their partner institution. Another option is for unmatched students to serve as a faculty member at a COM or take on

a scholar position at the COM, such as OMM fellow, primary care scholar or anatomy scholar.

Leadership opportunities that may improve the quality of the student’s application may be available at national, state or local organizations. The Unmatched Action Group recommends that national, state and other organizations communicate opportunities for students (including those who have not matched) to serve on task forces and committees. These leadership opportunities could enhance the student’s leadership skills and potentially offer venues for research and scholarly activity.

For those who are seeking an off-cycle position, there may be positions that become available during the year and may be posted online in various websites, as indicated in Table 1.

For those who are not interested in becoming clinically practicing physicians, there are other pathways such as health administration, public policy and government, public health and service, informatics, pharmaceutical research, consulting, communications and journalism and technology.

COMs could consider offering mentorship through alumni, faculty and chief residents to unmatched students in the specialty of interest to support and assist them with planning and preparing to reenter the Match. The Unmatched Action Group may consider developing a mentorship framework for COMs to support students in collaboration with residents and program directors in future iterations of the toolkit.

TABLE 1: OPTIONS FOR UNMATCHED STUDENTS

OPTION	DESCRIPTION/CONSIDERATION
Research opportunities	Research year at COM Potential research scholar positions Research fellowship
Dual degree program (MPH, MBA, etc.)	Dual degree programs of interest may be available at other institutions
Serve as faculty at COM	Serve as faculty after graduation to assist with PBL, OPP and clinical examination
Scholar	OMM, anatomy fellow or faculty, primary care scholar programs
Unfilled programs lists	NRMP Unfilled Programs List, Instagram account @InsideTheMatch Find a Resident Resident Swap
Leadership opportunities	National leadership opportunities such as service on task forces and committees
Alternative careers	Health administration, public policy and government, public health and service, informatics, pharmaceutical research, consulting, communications and journalism, technology
Mentorship	Specialty-specific, individualized mentoring

Leadership and Resilience

Students who have not matched may suffer from acute feelings of shame and imposter syndrome as a result of their experience in the Match. As such, attention should be given to their mental health, and tools should be available for them to address these challenges. To support unmatched students and address these concerns, the Unmatched Action Group partnered with the Better Physician Coaching **program** for academic year 2023-2024. Their Better Together program³ is an incredibly flexible four-month, opt-in, web-based group coaching intervention offered by faculty of The University of Colorado. The program's results are published in **JAMA**⁴ and **BMC MedEd**⁵ with impressive outcomes with regard to improvements in emotional exhaustion, self-compassion and imposter syndrome. The program is an example of tools that may be available to students to address issues of confidence and self-worth.

Assistant Physician Pathway

Finally, the Unmatched Action Group conducted an analysis of the assistant physician model across the

country. The action group and AACOM do not take a position in support of this model but are aware that it is utilized by some unmatched students. As such, the action group is providing information that may inform the discussions. The action group discussed concerns about the efficacy of this model for most students. See Appendix B.

Recommendations by Category

As outlined in Table 2, there may be options that work better for students in Group A and those that may work better for those in Group B. For those who may need to bolster their applications to fit the specialty of interest, recommendations such as pairing with a mentor in the specialty, conducting research, attending specialty conferences and engaging in additional clinical experiences are offered. For students who have challenges in interpersonal communication or people skills, counseling services, coaching and developing interviewing skills are offered as recommendations.

TABLE 2: RECOMMENDATIONS PER CATEGORY OF UNMATCHED STUDENTS

GROUP A	GROUP B
Pair with mentor	Attend counseling
Direct more research-focused specialties, such as dermatology, ortho and surgery, into research	Improve people skills
Pursue another degree, such as an MPH	Take a professionalism course
Maintain clinical experience, need to be clinically relevant and skilled	Meet with a career advisor or coach
Engage in volunteer work and networking (specialty)	Find a mentor
Attend conferences	Learn interviewing skills
Be a graduate teaching assistant during medical school (e.g., anatomy fellow)	

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Rocky Vista University College of Osteopathic Medicine: The Predoctoral Internship

Rocky Vista University College of Osteopathic Medicine (RVUCOM) developed an innovative program to support a small number of students that did not match in 2021. The Predoctoral Internship (PDI) is an opportunity for students to augment their residency applications by tailoring experiences to their specific personal and professional needs. The program takes place during an additional year of medical school that was offered to students at no additional cost. Students had the opportunity to participate in one of two variations of the program: the Predoctoral Internship (PDI) or the Master's Predoctoral Internship (MPDI). The PDI is a full-time course taken entirely at RVUCOM. The MPDI allows the student to enroll in the MPDI at RVUCOM while also enrolling in a master's program at another institution.

Structure

The PDI is a 48-credit course split into 24 credits per semester. The MPDI is a 24-credit course split into 12 credits per semester. Students are required to apply for the program, and in the application, are required to specify in which of four focus areas they want to work: research, primary care, anatomy or simulation medicine. The academic experience gives them a deeper understanding of operating within a team of educators. Additionally, all students are required to participate in research and either publish or present their research at a conference. Students are also required to do two audition rotations in their

fall term. They must have regular meetings with their faculty mentor to review their progress and goals as well as meetings with career advisors to review their application and interview skills.

Not surprisingly, faculty discovered that there was a lot of shame involved in being unmatched. They found that working with this underlying shame is critical to allowing students to move through the program and to be able to discuss their experience with program directors during interview season. Additionally, they discovered that one of the key components to helping students process and grow from the experience was to provide dedicated leadership training. Students followed eight hours of leadership training based on Brené Brown's book, *Dare to Lead*. Students also had guest lectures in practical leadership as well as mentors to help put words to practice. Not only did this improve the student experience within the program, but the leadership training also ended up being one of the most impactful areas of training for hospital and residency program partners.

Successful completion of the PDI program entails demonstration of the Association of American Medical Colleges' 13 Entrustable Professional Activities, satisfactory progress during quarterly evaluations and good academic standing in clinical rotations.

Results

RVUCOM saw 100 percent placement with the first cohort completing the PDI or MPDI program. These students matched into competitive specialties like anesthesia, psychiatry and orthopedics. Students provided feedback that they felt supported, cared for and less ashamed about their situation. These feelings have engendered more loyalty to RVUCOM. In fact, most graduates of the program offer to serve as mentors for current unmatched students. Finally, the program has also improved RVUCOM's relationships with their hospital partners and preceptors.

The PDI program is not built to be, nor is it considered to be, a remedial program. Students and residency personnel alike view it as a mechanism to develop more competitive and accountable graduates. There has continued to be 100 percent placement over the two years the program has been in place.

Though tuition during the PDI program is free, the experience itself is not a "free year." Students are held accountable for deliverables and their time. If they do not meet certain standards, then they must meet with directors to formally leave the program.



Appendices

APPENDIX A: ANNOTATED BIBLIOGRAPHY OF MENTORSHIP IN MEDICAL SCHOOL

The Need for More Mentorship in Medical School

Bhatnagar V, Diaz S, Bucur PA. The need for more mentorship in medical school. *Cureus*. 2020;12(5):e7984. . doi:10.7759/cureus.7984

The quality and quantity of mentorship that a medical student receives can affect overall career success, job satisfaction and compensation and research productivity. Gender affects mentorship outcomes, with male physicians being three times more likely than female physicians to report their mentorship experience had a positive impact on their career. A survey was administered to fourth-year osteopathic medical students at a midwestern school to investigate a mentorship's impact on the students' decisions involving rotation choices, residency programs, field of practice, interest in research and career trajectory. Responses were roughly a 60/40 split between students who reported that they did not receive enough mentorship and students who reported they received the right amount of mentorship. Most of the respondents who reported a positive mentorship experience were interested in primary care. Respondents with more negative responses were mostly in non-primary care and alluded to the dearth of mentorship opportunities available to them at their institution. The results of the study do not indicate whether formal or informal mentorship is more valuable for students; each method produces ample results based on the individual student's needs.

Mentorship of US Medical Schools: a Systematic Review

Farkas AH, Allenbaugh J, Bonifacino E, Turner R, Corbelli JA. Mentorship of US medical students: a systematic review. *J Gen Intern Med*. 2019;34(11):2602-2609. doi:10.1007/s11606-019-05256-4

Though most medical students consider mentorship important to their education, only one-third of medical students report having a mentor. In response to dynamic student needs and an increasingly competitive residency match process, medical schools have developed innovative mentorship programs. In this study, most programs utilize a traditional dyad model of mentorship. The second most common model is a combination of the dyad and group mentoring models. Group mentoring opened up broad discussion, allowing for one-on-one meetings to be based on individual's needs. Seven programs reported objective outcomes related to clerkship grades, research productivity and residency match. Some programs were specifically geared toward underrepresented minority or female medical students. There was a general positive correlation between specialty-specific mentorship and applications/matches in that specialty. Nineteen programs reported subjective outcome measures of success with evaluation of these programs largely measured by ratings of satisfaction. Mentorship program costs generally came from faculty salary support, with one program listing \$500,000 in faculty support cost. Barriers to consider include busy faculty schedules, lack of mentors of the same demographic/specialty as mentees and mentor skill development.

Mentoring During Medical School and Match Outcome among Emergency Medicine Residents

Dehon E, Cruse MH, Dawson B, Jackson-Williams L. Mentoring during medical school and match outcome among emergency medicine residents. *West J Emerg Med.* 2015;16(6):927-930. doi:10.5811/westjem.2015.9.27010

A systematic review of mentoring programs for medical students revealed that having a mentor is associated with increased research productivity and interest in academic careers, enhanced well-being and specialty choice for medical students. In a survey administered to emergency medicine (EM) residents, 67 percent reported having a mentor during medical school, 80 percent of the mentors being EM physicians. Of those students with mentors, 76 percent reported having self-identified their mentor, with the others having been assigned a mentor by their school. According to the study, there was no significant correlation between having a mentor and match outcomes. Match outcomes were significantly associated with class rank and type of degree (MD vs. DO). However, there was a correlation between the effectiveness of the mentor and match outcomes; a supportive, motivating and helpful mentor factors toward an applicant's chance of matching into their top program. The study also identified that osteopathic students are less likely to have a mentor than allopathic students. Study results should be taken with a grain of salt due to small sample size and exclusion of unmatched students in the survey. Students who self-identified their mentor may have personal characteristics that contributed to their success.

Mentoring Medical Students Towards Oncology: Results from a Pilot Multi-Institutional Mentorship Programme

Rallis KS, Wozniak A, Hui S, et al. Mentoring medical students towards oncology: Results from a pilot multi-institutional mentorship programme. *J Cancer Educ.* 2022;37(4):1053-1065. doi:10.1007/s13187-020-01919-7

It is predicted that the number of clinical oncology consultant posts will exceed the number of available

physicians, a phenomenon that is likely attributed to limited exposure to oncology specialties in undergraduate medical education curricula, student teaching dissatisfaction with oncology education and lack of confidence in oncology care. Most medical school mentorship programs are focused on surgery, general medicine and emergency medicine. In a pilot mentorship program in the United Kingdom, students interested in oncology were paired with experienced oncology physicians. Each mentorship cycle was six weeks long, with mentees being required to meet with their mentor at least three times within this period. There was no strict curriculum as flexibility in mentorship relationships was encouraged. The mentorship program generated a statistically significant improvement in students' knowledge of the multidisciplinary team, as well as the role and involvement of oncologists in academia and research. Mentees' interest in oncology remained unchanged. Mentees responded that the most important skills they gained from the mentorship were clinical experience and communication skills.

Effects of Mentorship Speed Dating as an Innovative Matching Tool in Undergraduate Medical Education: A Mixed Methods Study

Guse J, Schweigert E, Kulms G, Heinen I, Martens C, Guse AH. Effects of mentoring speed dating as an innovative matching tool in undergraduate medical education: a mixed methods study. *PLoS One.* 2016;11(2):e0147444. doi:10.1371/journal.pone.0147444

Three key components of student-faculty mentorship are personal in nature with direct interactions, intended to be long-lasting and characterized by an integrated approach including emotional and psychological support as well as direct assistance with career and professional development. "Mentorship Speed Dating" (MSD) is an innovative matching tool that starts by having second- and third-year medical students apply to join a mentorship program, view mentors' brief online profiles, then engage in a day-long event where they meet each available mentor for five minutes, eventually ranking their top three choices for a mentor. Based on the mentee's and mentor's top three choices, mentorship pairs are formed. If

matching was unsuccessful, the MSD organizers contacted mentees with a list of available mentors and arranged for individual appointments until a match was made. Members who took part in MSD noted that it is an effective system to gauge the “chemistry” of the partnership, provides a helpful first impression, clarifies expectations of the mentorship and is an efficient and active selection process with mentors also choosing to participate in a mentorship relationship. MSD matched partnerships lasted more than a year, in contrast to a sample cohort of partnerships formed using a more traditional matching method, in which more than one-third of mentorships dissolved before one year.

Implementation of a Structured Surgery Mentorship Program and Success in the Surgical Residency Match

Deivasigamani, S., Jimenez, D., Grenda, T., & Tholey, R. M. Implementation of a structured surgery mentorship program and success in the surgical residency match. *J Surg Res.* 2022;279:97–103. Doi:10.1016/j.jss.2022.06.001

Matching into residency programs has become increasingly competitive, with only 73 percent of U.S. allopathic students matching into general surgery in the 2021 match cycle. Third-year students at Sidney Kimmel Medical College who were interested in applying to general surgery residencies were invited to a series of seven events and meetings tailored to the surgery residency application process. Five of the events were one-on-one, and two were with a group. The events covered topics such as rotations, letters of recommendations and CVs. One-on-one events were hosted by the clerkship and assistant clerkship director, whose roles specifically carved out 2-2.5 hours per week for mentorship activities. Following Match Day, all 26 students involved in the mentorship program matched into a surgery or integrated subspecialty residency program without going through the Supplemental Offer and Acceptance Program. Thirty-seven percent matched into their top choice, 16 percent to their second choice, 32 percent to a program in the top third of their rank list and 16 percent each to a program in the middle and bottom third. When comparing the mentorship cohort's

applications to those of the national mean's, there was no significant difference in Step scores, number of publications, American Osteopathic Association honor society status, and research and volunteer experience, strongly suggesting that the mentorship program contributed to the cohort's success.

Virtual Mentoring: A Novel Approach to Facilitate Medical Student Applications to General Surgery Residency

Scrushy, M., Thornton, M., Stevens, A., et al. Virtual mentoring: a novel approach to facilitate medical student applications to general surgery residency. *J Surg Educ.* 2023;80(5):726–730doi:10.1016/j.jsurg.2023.02.008

In the United States, traditional predictors of a general surgery match include United States Medical Licensing Examination Step 2 clinical knowledge score, number of honored clerkships, Alpha Omega Alpha membership and research productivity. Lack of formal structure in the application process makes mentorship an increasingly significant factor in students' success, especially in the realms of professionalism, leadership and communication. A virtual program was established for fourth-year medical students and preliminary first-year general surgery residents. The program was designed to focus on resume editing, interview skills, personal statement composition, requesting letters of recommendation and residency program ranking. Monthly virtual group meetings were led by general surgery faculty members and were conducted in a didactic or Q&A format, and no prior preparation was required from the students. Additional one-on-one meetings were informal and focused on personal statements, CVs and mock interviews. Upon completion of the program, students reported a significant increase in their confidence in the competitiveness of their resumes, interview skills, ability to obtain letters of recommendation and writing skills, match likelihood and residency program ranking. Of the 19 participants, two did not match into a first-year general surgery residency program.

APPENDIX B: ASSISTANT PHYSICIAN MODEL

An assistant physician is a medical school graduate who has not yet completed an accredited residency program but has passed the Comprehensive Osteopathic Medical Licensing Examination (COMLEX) Level 1 and 2 or the United States Medical Licensing Examination (USMLE) Step 1 and 2 and has met licensure requirements for the state in which they intend to practice. There are currently 10 states that have passed legislation and four that are considering passing legislation to approve limited practice licensure for assistant/associate physicians. This model may be attractive to medical school students who do not match into a residency program by the end of their fourth year and who may wish to reenter the National Resident Matching Program (NRMP) match during a future cycle.

Background

Beginning in 2014, there was an effort to enact legislation to give medical school graduates who do not enter residency immediately after graduation a limited provisional license to practice medicine and gain some level of clinical experience as “assistant or associate physicians.” The first state to pursue this path was Missouri, which passed its legislation that same year. Statistics from the first year of the Missouri’s assistant physician licensure show that the majority of participants are international medical school graduates, most of whom are from schools in the Caribbean.⁶

All states that have passed the legislation require supervision of assistant physicians by a licensed physician guided by a collaborative practice agreement, completion of a DO/MD degree and licensure examination. Applicants for licensure should not be enrolled in a residency program. Several of the states provide this licensure on a time-limited basis. For instance, Utah offers the license for up to four years. For payment purposes, assistant physicians are considered “physician assistants” in the states that have approved licensure. Table 1 outlines the states that have enacted or introduced legislation to provide limited licensure for assistant physicians.

Benefits of the Model

The assistant physician model is one way to address health workforce shortages in primary care and in

medically underserved areas. This model may be an option for medical school graduates who have not matched and are concerned about a lack of clinical experience as they attempt to re-enter the Match. Although the data are limited, there are some instances when assistant physicians have secured a position in the Match. In addition, some argue that restricting assistant physicians to healthcare workforce shortage areas is not ideal for patients. Those settings often require broad scope of practice with limited support, and assistant physicians may not be adequately prepared for the settings since the residency education they are missing is a critical component of the education continuum for physicians.

Challenges with the Model

While this model may address healthcare workforce shortage areas⁷, it may not be a viable option for medical school graduates pursuing a successful match. The medical school graduates will have to secure a physician willing to supervise them under a collaborative agreement and take on any liability. There is likely fierce competition at sites that allow assistant physicians to practice. There could be significant limitations on independent practice making it incomparable to a residency program. In addition, the licensure may not be viewed favorably by some hospitals. There are concerns among organizations about patient safety with limited supervision under this model and the creation of an underclass of medical providers. Several organizations have publicly opposed this model⁸ including the American Academy of Family Physicians (AAFP)⁹, the American Osteopathic Association (AOA)^{10,11} and the American Medical Association (AMA).

While the assistant physician model has gained interest and popularity in the past nine years and may address healthcare shortages and may offer clinical experiences for medical school graduates who have not secured a residency position¹², it does have several challenges. Medical students will need to verify which states offer this license and secure an agreement with a physician who will be required to supervise the applicant. This model may not be viewed favorably by hospitals and may not offer quality clinical experiences for medical graduates.

State	Collaborative Practice Agreement	DO/MD Degree	USMLE/COMLEX Required	Must not be enrolled in residency program	Time Limit	Currently in effect	Application Fee	Practice Area Requirements/Time Required
Arizona	X	X	X	X	One-year license, renewable for two additional periods	X	\$50	<p>Referred to as "associate physician."</p> <p>Medical Graduate Transitional Training Permit: Must have been eligible to apply for residency, applied and not been accepted or withdrew from residency program before completion (not due to disciplinary action) in the two-year period immediately preceding application.</p> <p>Must have completed Steps 1 and 2 of the USMLE or equivalent exams. May not hold permit for more than a total of 36 months.</p> <p>Must function under the supervision of a qualified physician within an eligible setting:</p> <ul style="list-style-type: none"> -A hospital or behavioral health facility that is Licensed pursuant to title 36, chapter 4. -A patient care facility operated by or for any federally recognized American Indian tribe, the Indian health service, the United States veterans administration, a prison or a school or university. -A community health center or a federally qualified health center. -A private office or clinic where a supervising qualified physician practices and that is not a pain management clinic as defined in section 36-448.01 <p>Must be proficient in the English language.</p>
Arkansas	X	X	X	X	One-year license, renewable for two additional periods	X	\$500 (\$400 application fee + \$100 credential verification)	<p>Must be an Arkansas resident or a graduate from an accredited Arkansas medical school who has not enrolled in a postgraduate training program. Referred to as graduate registered physician.</p> <p>Must apply after passing the first two steps of the USMLE or COMLEX within three attempts. Must apply within two years of passing but no more than two years after graduation from a medical school.</p> <p>Must work under the continuous supervision of a licensed physician. Is able to provide healthcare services delegated by their supervising physician, including prescribing, ordering and administering drugs and medical devices.</p> <p>One-year renewable license. Can renew license two times, holding it for no more than three years. License automatically expires if graduate enters a residency program.</p>

State	Collaborative Practice Agreement	DO/MD Degree	USMLE/COMLEX Required	Must not be enrolled in residency program	Time Limit	Currently in effect	Application Fee	Practice Area Requirements/Time Required
Florida						X	\$300 initial registration for House Physician. \$220 House Physician renewal fee.	House physician can only practice in Florida licensed hospital under direct supervision of MD or DO, who has an active Florida license. Must be a graduate of an allopathic U.S. medical school recognized by the U.S. Office of Education or of an allopathic international medical school.
Hawaii	X	X	X	X		Bill Introduced January 2023		Must be a graduate of a U.S. allopathic or osteopathic medical school or an approved foreign medical school. Must have completed Step 2 of the USMLE or equivalent of any other board-approved medical licensing exam within the three-year period prior to application unless, when the three-year anniversary occurred, the person was in service as a resident physician in an accredited residency in the United States and continued to do so within 30 days before applying for licensure as an associate physician or within three years of graduation and has not completed a residency program. May provide primary care services in medically underserved rural or urban areas. Must be proficient in the English language.
Indiana	X	X	X	X		Bill Introduced January 2023		Agrees to practice only primary care services in medically underserved rural or urban areas or at a rural health clinic and under collaborative agreement. Must be proficient in the English language.
Kansas		X	X	X		X		Restricted to those with undergraduate training at the University of Kansas School of Medicine who have not engaged in a full-time approved postgraduate training program. Must meet all qualifications of licensure except examinations and postgraduate training. Allows the practice of medicine and surgery under the supervision of the person licensed to practice medicine and surgery. May prescribe drugs, but not prescribe controlled substances. Special permit expires if the permittee becomes engaged in a full-time, approved postgraduate training program or one year from its date of issuance, whichever occurs first. Permit can be renewed once.

State	Collaborative Practice Agreement	DO/MD Degree	USMLE/COMLEX Required	Must not be enrolled in residency program	Time Limit	Currently in effect	Application Fee	Practice Area Requirements/Time Required
Missouri	X	X	X	X		X	\$25	<p>Must be a resident and citizen of the United States or a legal resident alien.</p> <p>Must not have completed an approved postgraduate residency. Must be proficient in the English language.</p> <p>Must apply within three years of graduation or completion of licensure exams, whichever is later.</p> <p>Provides only primary care services to medically underserved rural or urban areas or in pilot project areas.</p>
Nevada	X	X	X	X		Bill Introduced March 2023		<p>Commits to practicing in medically underserved areas. Only practice in areas of family medicine, pediatrics, internal medicine, psychiatry and obstetrics and gynecology.</p> <p>Must be proficient in the English language.</p>
New Hampshire	X		X			X		Must be proficient in the English language.
Oklahoma	X	X	X	X		Bill introduced but died		https://legiscan.com/OK/bill/SB1353/2018
Tennessee	X	X	X	X	Two years	X		<p>Referred to as "graduate physician."</p> <p>Must be a resident and citizen of the United States or a legal resident alien.</p> <p>Must have successfully completed Step 1 and Step 2 of the USMLE or the equivalent of Step 1 and Step 2 of any other medical licensing examination or combination of examinations that is approved by the board of medical examiners or board of osteopathic examination, within the two-year period immediately preceding the date of the person's application for licensure as a graduate physician, but not more than three years after graduation from a medical school or school of osteopathic medicine</p> <p>May provide primary care services in medically underserved rural areas or a pilot project area established for graduate physicians to practice.</p> <p>Are subject to the supervision requirements established in any controlling federal law, any supervision requirements provided in this chapter and any supervision requirements established by the board of medical examiners.</p>

State	Collaborative Practice Agreement	DO/MD Degree	USMLE/COMLEX Required	Must not be enrolled in residency program	Time Limit	Currently in effect	Application Fee	Practice Area Requirements/Time Required
Texas	X	X	X	X		Bill Introduced April 2023		<p>Must be a U.S. resident and graduate of a board-approved medical or osteopathic school who has passed the first two steps of the USMLE or equivalent of another board-approved licensing examination.</p> <p>Must apply within two years of licensing and not longer than three years after graduation.</p> <p>Must not have completed a residency program or has completed a board-approved postgraduate residency program and passed the second component of the USMLE or the equivalent of another board-approved medical licensing exam if on the second anniversary of the date of completion of the examination requirement the applicant was serving as a resident physician in a board-approved postgraduate residency program in the United States and continued to do so until not earlier than the 30th day before the date the applicant submits an application for licensure as an associate physician.</p> <p>Must be proficient in the English language.</p>
Utah	X	X	X	X		X		<p>Must successfully complete two steps of the USMLE or equivalent steps of another board-approved medical licensing examination within three years of graduation from medical school or within two years of applying for the license and may not be enrolled in or have completed a residency program.</p>
Virginia	X	X		X	Two-year renewable license	Bill Introduced January 2023 — Passed by Indefinitely		<p>Virginia Associate Physician Act Bill Not Passed</p>
Washington	X		Just USMLE	Four years (two-year license, renewable once)	Only for IMGs			<p>Legislation specifically for IMGs.</p> <p>Good for two years, with the option of one renewal, for a total of four years of practice in the state.</p> <p>Must be a Washington state resident for one year, be ECFMG-certified and have passed all steps of the USMLE.</p>

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ACTION GROUP MEMBERS

CHAIR

Katie Harden

*Residency Placement Coordinator
Kansas City University College of
Osteopathic Medicine*

Linda Boyd, DO

*Dean & Vice President for
Academic Affairs
West Virginia School of
Osteopathic Medicine*

Jacqueline Giacobbe

*Assistant Dean for Academic
Affairs and Accreditation
Rowan-Virtua School of
Osteopathic Medicine*

Alesia Wagner, DO

*Associate Dean of Academic
Affairs
Touro University California College
of Osteopathic Medicine*

Lisa Shelburne

*Director of Career Services
Lincoln Memorial University -
DeBusk College of Osteopathic
Medicine*

Brooke-Lynn Vij, M.Ed

*Academic and Career Advisor
Michigan State University College
of Osteopathic Medicine*

Brianne Howerton, DO

*PGY-1
Corewell Health*

Christopher Loyke, DO

*Dean & Chief Academic Officer
Lincoln Memorial University-
DeBusk College of Osteopathic
Medicine*

Jose Rodrigues, DO, PhD

*Postdoctoral Research Associate
University of Albany, State
University of New York*

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MEMBERS

Luis Banuelos, OMSIII

Medical Student, Sam Houston State University College of Osteopathic Medicine

Katherine Bombly, OMSIV

Medical Student, Philadelphia College of Osteopathic Medicine, South Georgia

Linda Boyd, DO

Vice President for Academic Affairs and Dean, West Virginia School of Osteopathic Medicine

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Heather Ferrill, DO

Vice President of Faculty Affairs and Dean, Rocky Vista University College of Osteopathic Medicine

Ashley Gullett, DO

PGY2 Resident Physician, University of Michigan Health - West

Victor Kolade, MD

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Christopher Loyke, DO

Dean and Chief Academic Officer, Lincoln Memorial University DeBusk College of Osteopathic Medicine

Elizabeth McMurtry, DO

Associate Dean for Clinical Education and Faculty Development, Pacific Northwest University of Health Sciences College of Osteopathic Medicine

Rishikesh Menon, OMSIII

Medical Student, Touro University College of Osteopathic Medicine-California

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HONORARY MEMBERS

Terri Donlin, MBA

President/Chief Executive Officer, Osteopathic Heritage Foundation

STAFF

Alegneta Long

Vice President, GME Initiatives, AACOM

Madhumita Napa

Project Manager, UME-GME Task Force, AACOM

FACILITATOR

Joshua Mintz

President, CHP Mintz, LLC

