Applying for Residency: Family Medicine

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Part I: Overview of Family Medicine

Description of Specialty, Common condition, types of patients
Congratulations on deciding upon family medicine for your career; we are excited to have you! You are joining a passionate group of physicians devoted to the care of people of all ages, with all conditions, and from all backgrounds. As the name implies, we often have the pleasure of caring for entire families, allowing close bonds to form with our patients and providing important insights into the social atmospheres in which our patients live.

We manage both acute injuries and illnesses, such as pneumonia or an ankle sprain, and chronic medical conditions, such as diabetes and psychiatric illness. We provide prenatal care, deliver babies, and then care for postpartum mothers and their newborns. Many family physicians perform in office procedures and get great satisfaction out of this hands-on care - for example, placing IUDs, performing joint injections, or suturing a laceration- the list goes on and on! Preventative medicine is also paramount in our profession and we strive to positively impact the health of our patients before they ever become ill. Importantly, family medicine physicians are patient advocates. We often serve as a patient’s first entry point into the medical system and take a holistic approach to the care of our patients. We work closely with specialists to ensure all the needs of our patients are met and that the bigger picture isn’t lost along the way. We also tend to gravitate toward care of the most vulnerable populations and work to access community resources to help our patients overcome social influencers of health.

Career trajectories: academics, clinical, research, teaching, etc.
Given the great breadth of family medicine, the career possibilities following residency are nearly limitless. Most family physicians remain involved in direct patient care, but many choose to split time between clinical work and other interests, such as clinical research, teaching, advocacy and health policy work, practice management, or quality improvement science.

Practice Models
There is great diversity in the way in which family medicine doctors actually practice medicine. Many family physicians will choose to practice in Federally Qualified Health Centers or other community
health centers, delivering comprehensive care to the underserved. Others choose to work in private practice, either as a partner in their own business, or as part of a larger private corporation or hospital system. Some family docs will remain in academia as faculty at a medical school, residency program, or fellowship program. There are also opportunities to practice family medicine within the Veterans Administration, Indian Health Service, the military, and in global health. Adding to this wealth of opportunity, some family medicine doctors deliver babies (especially in rural communities) and/or round on inpatient wards. This requires staffing privileges with hospitals and is arranged very differently depending on location and what percentage of clinical time is spent in these settings.

**Residency: Length, typical curriculum**
The family medicine residency is a three year training program (a handful of programs have transitioned to a 4 year model). Residents typically have a robust outpatient continuity clinic, cover inpatient medicine wards for both pediatric and adult patients, spend time on labor and delivery, provide coverage in the emergency department and ICU, and rotate through a number of specialty electives. While these elective opportunities differ from program to program, common specialty rotations include orthopedics, dermatology, developmental pediatrics, geriatrics, and women’s health. Family medicine residents can also expect specific training in office-based procedures - this curriculum may be in outpatient continuity clinics, offered in devoted procedure clinics, or achieved through time in specialty offices.

**Fellowships offered after residency**
The fellowship opportunities abound after residency! Fellowships are offered in adolescent medicine, emergency medicine, faculty development, geriatrics, global health, hospice &/or palliative care, hospital medicine, integrative medicine, obstetrics, preventative medicine, primary care research, rural medicine, sports medicine, addiction medicine, urgent care, and women’s health. Most fellowships are 1-2 years in duration and compensated with a PGY4/5 salary.

**Part II: Life as a Family Medicine Physician**

**Demographics**
It is challenging to find all-encompassing data to answer this question. The most comprehensive data is likely from the AAFP, however this is based on membership statistics, and not all family medicine physicians are members of the AAFP. Based on the AAFP data in 2017, of active physicians who have completed training, 55.8% identified as male and 44.2% identified as female (n=70,989). However, among residents, 46.3% identified as male and 53.7% identified as female (n=12,219). Thus there is an active shift occurring from majority male to majority female in the field of family medicine. With regards to racial identity, 19,705 family physicians in the AAFP had filled out demographics questions about racial identity as of December 2017. Of these respondents, 79.6% identified as white, 10.3% as Asian, 4.5% as black/African-American, 4.4% chose prefer not to answer, 2.2% other, 1.1% American Indian or Native Alaska, and 0.4% Pacific Islander. These statistics closely mirror those found in a 2018 study by Xierli and Nivet [https://www.ncbi.nlm.nih.gov/pmc/articles/PMCS871929/], which found
of 64,785 FM physicians surveyed, 75.9% identified as white, 7.5% Asian, 5.8% black, 5.7% Hispanic, 4.2% other, and 0.9% as Native American. In their study, only 12.4% of family doctors were underrepresented minorities. An effort is underway at the residency level to increase diversity within family medicine, but certainly there remains room for improvement here.

https://www.aafp.org/afp/2014/0715/p80.html

Earnings Potential
If you are looking to make a comfortable living, family medicine delivers! If you are hoping to maximize your earning potential as a physician, family medicine may fall shy of those expectations. According to the AAFP and the Medscape Physician Compensation Report from 2017, the mean annual salary of family medicine physicians was $209,000. This ranks 2nd to last of all specialties, with only pediatrics landing below us on the list. Those practicing outside of metropolitan areas have slightly higher earning potential, with mean income of $226,000, and those who are self-employed or majority owners of their practice reported significantly higher earnings, with mean income of $296,000. Keep in mind, there is a high demand for family medicine doctors around the country and consequently a number of loan forgiveness/repayment programs available to help offset medical school debt.

Lifestyle
This is going to vary greatly depending on the path you choose within family medicine. A full-time, strictly outpatient FM doctor will see patients 32-36 hours per week. The amount of additional administrative time will depend on office support, EMR, patient population, and personal efficiency. The Medscape 2017 report found 16% of family physicians spent less than 5 hours per week on administrative tasks, 22% spent 5-9 hours per week, 42% of spent 10-19 hours, and 20% spent 20 or more hours on administrative work. Thus, the bulk of full time outpatient FM doctors are working between 40-60 hours per week.

For outpatient doctors there is usually overnight call from home, the demands of which are determined by the size of the call pool. For many, it is about 1 night per week. Some practices choose to take call for 1 week at a time, followed by a number of weeks free from call. The structure of schedules for FM doctors who practice OB and/or practice inpatient medicine will differ significantly from the structure outlined above. Some practices have a continuity delivery model, where the FM physician follows a woman through her entire pregnancy and then goes into the hospital for delivery when the patient is in labor. Others have more of a shift-work philosophy, where the FM doctor may cover a shift on labor and delivery 1-2 times per week. This usually involves overnight call and weekend shifts.

Many FM doctors engage in academic activities outside of patient care - teaching, research, health policy, etc. For these physicians, there is most often a reduction in clinical patient hours to allow time for these other interests. Thus, this is not normally a reduction in total hours worked, but a shift in the way the time is spent.
Academic Medicine
There are many fulfilling careers to be had as a family medicine doctor in academia. There are positions available within medical schools, residency programs, and fellowships. Furthermore, many community family physicians choose to teach by mentoring medical students or residents, who rotate through their practice.

A 2015 study by Weaver found there were 7,344 faculty positions filled by FM doctors across the United States, between residency programs and family medicine departments within medical schools. This likely underestimates the number of FM doctors engaged in teaching, as it doesn’t capture fellowship programs, FM doctors who may be working within other departments, and likely did not capture many of the community physicians who were not strictly defined as faculty.

https://www.stfm.org/FamilyMedicine/Vol47Issue2/Weaver131 Even with these limitations, extrapolating from 2010 data from the AMA, which suggests there are about 84,000 practice FM doctors, just over 8% of the FM workforce is engaged in academic medicine.

http://www.annfammed.org/content/10/6/503.full

Part III: Applying in Family Medicine

How Competitive is Family Medicine?
As the demand for primary care physicians in the US has increased, family medicine residencies have grown, yet interest from US medical graduates has not kept pace with this growth. According to 2018 NRMP Match data, there were 3,629 positions offered in family medicine and 3,510 filled (96.7%), yet only 44.9% were filled by US medical graduates. Therefore, you are in an excellent position to match in family medicine! This does not mean, however, your top choice will be a guarantee. Many of the most desirable and selective family medicine residencies receive hundreds, if not thousands, of applications each match cycle for a handful of spots. Thus, it is important to build a resume to maximize your potential of matching at your top pick in residency program.

Planning the post-clerkship and senior years
Post-clerkship planning is crucial for the HMS family medicine applicant, as this is your chance to really experience family medicine! As you are aware, the PCE at HMS does not have a built-in family medicine experience. A small number of students may be paired with a family medicine doctor during the longitudinal Primary Care Clerkship, but the vast majority will be partnered with IM primary care physicians. Therefore, you need to find ways to get exposure to the profession. You are encouraged to get involved with the Harvard Home for Family Medicine (HHFM) within the Center for Primary Care. The faculty here can help you connect with mentors and clinical experiences around the city. Believe it or not, family medicine is alive and well in the Boston area and there are many FM physicians eager to mentor you in the field they love.
Clinical Rotations
Programs understand med student schedules are full with lots of competing demands, so don’t expect you to do “audition rotations” with them, but an away rotation can be a good way to get to know a program if you have a strong preference for a specific program or geographic location where HMS students may not typically match. Do remember you are “interviewing” for a full month, so you need to be your best self for the whole rotation.

Sub-Internships
All HMS graduates are required to complete a sub-internship in medicine, which will give you a strong background in hospital-based medicine. In addition, you are strongly encouraged to participate in the family medicine elective, which will serve as an equivalent to a sub-I in family medicine for HMS graduates. The faculty at HHFM can help make sure you get the experience you need. It will be important to get faculty from this elective experience to write a LOR for you, as this will help display your commitment and passion for family medicine, likely the biggest barrier for most HMS graduates entering the field of family medicine. You should complete these rotations by July of your senior year, as this will allow for these grades and comments to appear in your Departmental Summary Assessment.

Other Recommended Electives
Dermatology and non-surgical orthopedics are great electives since dermatology and MSK issues are a big part of family medicine. Other suggested rotations include an OB/GYN rotation to provide more preparation for the labor and delivery work you will be doing as a family medicine intern, and an elective in some area of pediatrics that interests you. The AAFP Rotations and Electives page recommends electives to take during your fourth year which can be during or after your residency application.

Research
Appreciated, but not required. Subject area: family medicine programs are going to be much more impressed with quality improvement, health systems, research based advocacy or community based participatory research than traditional bench-lab research.

National Meetings
The National Conference of Family Medicine Residents and Medical Students is held every summer in Kansas City. If you have the opportunity to be there, do it! Certainly if you can present at this conference, it will bolster your CV, but even if you are not presenting, it is an excellent way to meet people in the field and get a sense of residency programs across the country. Hundreds of residency programs send resident representatives and faculty members to the conference, providing an excellent networking opportunity and chance for you to both get your name in the minds of programs and also begin to craft a list of residency programs matching your aspirations.

There are a number of other conferences nationally, regionally, and locally with opportunity for presentation and networking including The Society for Teachers in Family Medicine Annual Conference, The Family Medicine Education Consortium Annual Meeting, and The MassAFP Annual Conference & Spring Refresher, for those looking for a local experience in Boston.
Other degrees
MPH, MBA, MPP are all nice to have, but not at all required. There are also a number of post-residency fellowships offering Master’s degrees in various areas. Explore these degrees if you’re interested in them, but don’t delay residency thinking you need an advanced degree for training or to be a more highly competitive candidate.

Part IV: Assessing your Competitiveness

What Criteria do Programs Consider?
Family Medicine is a specialty based on building deep authentic healing relationships with your patients and being effective leaders of integrated primary care teams. Longitudinal volunteerism and leadership experience demonstrating commitment and continuity are viewed favorably by residency programs.

1. Grades and the DSA
While grades are important, not all grades are equally important. HMS is now using the Department Summary Assessment for 2019 and beyond (a small set of seniors will still be in the New Pathways and will not have a DSA in 2019-2021). The DSA is intended to capture a student’s professional growth over time and includes all clinical coursework in the specialty from the clerkship through July of the application year. Besides the Medicine DSA, grades in pediatrics and surgery clerkships are valued by residency programs. Poor grades diminish your competitiveness, but many programs (even highly competitive programs) use a holistic approach to evaluating candidates.

2. USMLE Step Scores
As with every specialty, the degree to which USMLE Step Scores are weighted varies greatly between programs. Some programs may screen applicants by Step Scores, while others consider these scores in the context of your entire application. Compared to many specialties, family medicine programs have traditionally been more forgiving of lower Step Scores if the rest of the application demonstrates a strong candidate. Based on 2018 NRMP data, the mean USMLE Step 1 score for a successful applicant was 220, compared to a mean Step 1 score of 206 for those who did not match. USMLE Step 2 CK means were 237 and 223, respectively, for those who matched and those who did not.

3. Research Experience
According to 2018 NRMP data, successfully matched Family Medicine applicants had a mean of 2.1 research experiences vs 2.7 for unmatched applicants. The 2016 NRMP data found a mean of 2.0 research experiences for successful matches and 1.7 for those who went unmatched. Certainly relevant research would be viewed favorably, but research has not traditionally been a driving factor of success in the family medicine match.
4. Publications
According to 2018 NRMP data, successfully matched Family Medicine applicants had a mean of 3.0 presentations, abstracts, and/or publications compared to 2.3 for unmatched applicants. Much like research experience in general, these experiences will be viewed favorably in the match process. It is important to be able to discuss these experiences in detail if listing them on your application.

5. Extracurricular Activities
Family medicine applicants tend to have applications with many extracurricular activities, particularly volunteer experiences. Per the 2018 NRMP Match data, successfully matched Family Medicine applicants had a mean of 7.7 volunteer experiences compared to 6.1 for unmatched applicants. Volunteer experiences pertaining to family medicine and/or consistent commitment to the care of marginalized populations will improve your overall application.

Getting an Interview: Attributes Residency PD’s Consider in Granting Interviews:
Personal statements are key for family medicine. Make it personal; tell a story about what drives you, your passions and motivations, and why you want to be a family physician. Remember to take some pressure off yourself: the personal statement does not have to be an amazing literary work of art, but should convey some story about who you are and what draws you to family medicine in a no more than one page.

Letters of recommendation:
3 letters, at least 1 from a family medicine physician. Get letters from people who REALLY know you, don’t worry about the rank or title of the letter writer. “Chair letters” from a department chairperson summarizing your achievements and relying on your CV for details without really knowing you as an individual may detract from your application.

How many programs should you apply to?
The number of programs you should apply to depends on your competitiveness as a candidate, your geographic restrictions (if any), whether you are couples-matching, and other factors. One of the main predictors of the number of programs needed for a successful match is your Step 1 USMLE score. Successful applicants in Family Medicine have a range of step 1 scores. A lower score does not make you unmatched; however, lower scores indicate a need to apply more broadly. You can use your Step 1 score as a guide for how many programs to apply to. The AAMC calculates a “point of diminishing returns” based on step 1 scores in each specialty. In Family Medicine, successful applicants with a score over 221 needed to apply to 17 (confidence interval 16-18) programs before reaching the point of diminishing returns; these students had a likelihood of entering residency of 82%. For students with a score of 204-220, successful applicants needed to apply to 16 (confidence interval 15-17) programs; these students had a likelihood of entering residency of 74%. Students with scores under 203 submitted 17 (confidence interval 16-18) applications before reaching the point of diminishing returns, with a likelihood of entering residency of 63%. For all these categories, the addition of one application beyond this point results in a lower rate of return on an applicant’s likelihood of entering a residency program.
Keep in mind this data is for all types of programs; if you desire a highly competitive program, you may need to apply to more programs. Another strategy is to mix the types of programs that you apply to, with some “reach” and some “safety” programs.

Regardless of how many programs you apply to, you want to interview at as many programs as you need to match. In recent years, HMS students applying in Family Medicine matched into their top 5 ranked programs, with most students matching at their top 1-2 programs. When ranking programs, be realistic. Remember, by ranking a program, you are agreeing to employment at that program. Do not rank a program you do not wish to attend. Rank the programs in your preferred order, and (this is the hardest part!) trust that the NRMP will give you your best match.

If couples matching, you will need to rank more. Most students end up doing about 10 interviews, which also is a great way to help you decide where you REALLY want to go based on your interview day and the feel of the program.

What kind of program should you apply to?
Keep in mind family medicine residency programs come in many different flavors. One oft-cited distinction is between “opposed” (based at a hospital with other residency programs) versus “unopposed” (only residents in the hospital). Residents in “unopposed” programs will cite the advantages of not having to compete with other residents for labor and delivery or even surgical opportunities. However, residents at “opposed” programs may enjoy the opportunity to learn from other specialties and be based at a larger academic medical center with more resources for research and other opportunities. You’ll find family medicine programs often have a different emphasis depending on their strengths; some programs may focus more on high-risk OB care, while in others, the residents log the minimum number of required deliveries in favor of more pediatrics and outpatient electives. Many family medicine residencies strive to be well-connected with the local community and cognizant of how to best advocate for and address local needs. The longitudinal clinic site is the centerpiece of a family medicine residency, so it’s important to pay attention to what kind of clinic you may be working at (FQHC, patient population, support staff and resources, quality improvement opportunities, patient panel management, group visits, etc).

Common questions you may be asked – specialty specific
Why family medicine- as you are coming from an institution without a family medicine clerkship, programs will want to know your level of familiarity and commitment to family medicine.
Most questions will be exploring your personality and character, not your academic prowess. Are you a good fit via personality, work ethic and mission? Behavioral questions are common in family medicine (asking about an ethical dilemma you’ve faced and how you handled it, describe a difficult patient interaction, a time you failed, etc).

Communication with Programs: NRMP Code of Conduct for Applicants and Programs:
In an effort to maintain the integrity of the Match, both applicants and programs must agree to the Code of Conduct to participate in the Match. The goal of this contract is to maintain applicant privacy, prevent programs from asking inappropriate questions (i.e., where the program will be ranked by the
candidate), and help ensure applicants do not need to display excessive interest in a program to be ranked (i.e., extra visits, away rotations, etc).

When it comes time to form your rank list, discuss with your advisor about whether or not you should reach out to your number one program to share that information with them. Some programs use this information in forming the final rank list, but for most, it will not change your position on the list. Do not tell a program they are your 1st choice if they are not. Keep in mind many specialty communities are tight knit and program directors may talk to each other; telling multiple programs they are your 1st choice risks your reputation and integrity as a candidate.

Unlike in some other specialties, family medicine programs have not banded together in agreement to prohibit post-interview communication, so expect to hear from programs. Some family medicine residencies will even send you a postcard to thank you for interviewing.

**Advocating for Interviews**

If there is a particular program of interest which does not offer you an interview, discuss with your advisor about the best way to advocate for one. There is little harm in reaching out to a program director about this, but it will be wise to decide with your advisor the best approach to take. In some situations, self-advocating will be most effective, but it might be in your best interest for your advisor to advocate on your behalf if they feel comfortable doing so, especially if they have any connection to the program in question.