

PRE-MED

- Before medical school, students complete rigorous prerequisite courses in biology, physics, English, and chemistry and take the Medical College Admission Test® (MCAT®).
- Many admissions officers use holistic review, balancing applicants' experiences, attributes, and academics to gauge how they might contribute as medical students and physicians.

www.aamc.org/advocacy/meded/

THE MATCH— DURING THE FINAL YEAR OF MEDICAL SCHOOL

- Students choose a specialty on the basis of personal interests, clinical experiences, and other factors and apply to residency programs.
- Most students are matched through the National Resident Matching Program (NRMP).
- On “Match Day” in March, students learn where they will complete their residency training.

www.aamc.org/advocacy/gme/

CERTIFICATION, LICENSURE, AND CONTINUING MEDICAL EDUCATION (CME)—ONGOING

- Physicians must obtain licensure in the state in which they will practice their chosen specialties.
- Twenty-four specialty boards establish criteria that physicians must meet to be certified.
- The rapid pace of change in medicine makes continuing medical education programs essential.
- Specialty boards require recertification on a regular basis, a process called maintenance of certification.

www.aamc.org/initiatives/cei/

MEDICAL SCHOOL—FOUR YEARS

- Coursework—through classroom, clinical, and community experiences—covers science, problem-solving and communication skills, prevention and care, and professionalism and medical ethics.
- Schools regularly update curricula to include innovations in health care and science, new health issues, population health, and emerging technologies.
- Faculty on the cutting edge of education, research, and clinical care ensure training stays current.

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RESIDENCY TRAINING (GENERALLY AT A TEACHING HOSPITAL)— THREE TO SEVEN YEARS, WITH ADDITIONAL TIME FOR FELLOWSHIP

- Supervised, hands-on training that must be completed to be licensed and board certified and to practice independently.
- Residents train as part of a patient care team alongside other health practitioners. They are exposed to a variety of care settings, including community clinics; diverse patients and cases; and cutting-edge research and care.
 - After completing their residencies, some residents choose to undertake a fellowship, which adds one to two years of study in a subspecialty area.

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MATCH DAY



Federal Involvement

in the Road to Becoming a Doctor

PRE-MED

- The Title VII Health Careers Opportunity Program (HCOP) and Centers of Excellence (COE) support diversity “pipeline” programs that recruit minority and disadvantaged K–12 and college students into health education programs. They also provide mentorship and support for enrolled health professions students.

MEDICAL SCHOOL

- The Department of Education and other agencies offer financial aid options, including loan forgiveness and repayment programs. Programs such as Public Service Loan Forgiveness (PSLF) and Title VII Scholarships for Disadvantaged Students (SDS) help ensure medical education is accessible to students from all backgrounds and offer incentives in targeted areas.
- Title VII Area Health Education Centers (AHEC) facilitate training opportunities in community health centers and other similar settings.
- Other Title VII programs, such as Primary Care Training and Enhancement and the Geriatrics Workforce Enhancement Program, support enhanced training in certain areas for medical students and other health professionals.

THE MATCH

- Medical schools have increased enrollment to help avoid physician shortages resulting from a growing and aging population. The Match likely will get more competitive as the number of graduates increases.
- Programs such as the Title VII training programs offer educational experiences in targeted areas, but ultimately a student’s specialty choice is a complex, personal decision.

RESIDENCY TRAINING

- Medicare supports a portion of the direct costs associated with training physicians (for example, stipends and benefits for residents, salaries and benefits for supervising physicians, and overhead costs for GME offices). Medicare’s share of the costs is a hospital-specific amount that reflects each hospital’s Medicare volume. Since 1997, Medicare’s support for training residents has effectively been frozen.
- Teaching hospitals incur more than \$17 billion in direct training costs each year. Medicare supports \$3.5 billion of that total.
- More than 40,000 residents train at Department of Veterans Affairs facilities every year through more than 400 affiliations with medical schools and teaching hospitals.