

## Navy Medicine, Residency and Match Process

### **Goal**

For individuals considering a career as a military physician, current medical students of the Uniformed Services University of the Health Sciences (USUHS) and those attending a civilian medical school under the Health Professions Scholarship Program (HPSP). This sheet is to promote understanding of Military Graduate Medical Education (GME) in terms that someone new to the military can understand. While this article may not be able to answer all questions, it is intended to give a general overview of the process which should provide some basic knowledge and resources necessary to find answers to any additional questions.

### **Why Military GME?**

The medical system of the Armed Services has a unique mission. Not only do they care for military members and their dependents in the United States, but they also must be ready to deploy and practice medicine closer to wherever a conflict may be. They also deploy on humanitarian missions to "win the hearts and minds" of those in foreign lands to prevent war. The mission of the military's medical system requires unique training; and thus they have their own unique training programs.

### **What is Military GME?**

After a physician completes 4 years of medical school, their training is not over. They must then complete an internship (also called PGY1 or Post Graduate Year 1) and then a residency (also termed GME or Graduate Medical Education). An internship typically lasts one year and a residency can last from three to seven years depending on the specialty that you choose. Military GME is not much different from civilian GME in that virtually all specialties and sub-specialties are represented. Joining the military will not limit the specialties from which a medical student may choose.

Medical students who attend USUHS or those who have a military obligation through HPSP, are required to apply for the military's graduate medical education program. Not all who apply will "match" in military GME. Those who don't "match" will be authorized to apply for a civilian residency.

### **Common Concerns**

Typical prospective students of USUHS or those considering a HPSP scholarship ask a variety of questions regarding residency options in the military. The most common question is, "Will the military force me to do a residency that I didn't want?" The answer to this question is: No, not necessarily. Understand that there are residencies that are difficult to get selected for in both the civilian world and the military world. If you want

to be a neurosurgeon, it is difficult to get that residency in the military. Likewise, it is also difficult to get that residency in the civilian world. So, unless a student gets mostly A's in medical school, they probably wouldn't bother applying to what they know is a very competitive residency. Residencies that are considered "competitive" in the military are comparable to the residencies that are considered "competitive" in the civilian world. Additionally, military medical students who don't get what they want right out of medical school can reapply the next year during their internship. Their applications often are scored in such a way that puts them at an advantage above the fourth year medical students applying that same year. Bottom line: "Exceptional" medical students will eventually get the specialty that they want. "Average" medical students may not get that very competitive residency, but they are still left with several great options and multiple times to apply. This is not much different than in the civilian residency match.

Another concern has to do with compensation. Many believe, "The military will pay for your medical school, but they will underpay you as a doctor." This also is not necessarily true. If one chooses to do a residency in the military they will be making more money than their civilian counterparts; in some cases up to twice as much. Once they become an attending physician, they will still be making as much as some of the lower paying specialties. However, they won't have to pay malpractice insurance and won't have to pay off any debt. In the end military physicians get just as much compensation over the course of their careers as most civilian doctors.

One final concern is some fear that since military doctors earn a salary, the military will overwork them and force them to work longer hours than their civilian counterparts. This is not the case, in fact many find the exact opposite to be true. The military hospitals are bound by the same laws that bind civilian institutions. For example the ACGME (Accreditation Council for Graduate Medical Education) mandates that interns/residents (housestaff) work no longer than 80 hours per week. Also the military is interested in retention. To put it plain and simple, it is cheaper for the military to keep their current medical practitioners happy so that they will want to stay in the service as opposed to spending more money to train someone else. Also, the experience of seasoned practitioners who choose to stay in the service increases readiness. The military keeps life as good as it can be because they would like you to choose to stay.

### **The "Match" Process**

The military "match" occurs before the civilian "match" so that those not selected for military GME still have time to apply for civilian GME. Applications begin to be submitted in September of the fourth year of medical school and must be complete before November. The Joint Service GME Selection Board (JSGMESB) will meet in late November to decide where everyone will be going. Results are released in mid-December. Exact dates, deadlines, as well as applications, can be found on the service specific websites. Applicants are encouraged to interview for the programs they are interested in that conform to their strengths.

A good impression on the potential residency director goes a long way. Students are encouraged to schedule a 3rd or 4th year clerkship where they hope to do a residency. This enables the student to decide whether or not their choice would be a good fit for them and it gives the staff a chance to get to know the potential applicants.

### **Scoring Sheets**

Many programs use the same scoring system for rating GME applications. The Air Force is rumored to be stricter about following the scoring process. The Army and the Navy are less strict about following the system down to the letter. Some residency programs have their own unique criteria. All services try to take into account the entire application, and not just the parts that can be specifically awarded points. Nonetheless, an understanding of the JSGMEB "point system" can be useful when putting together an application. Medical students can earn a maximum of 10 points. Two points for your first two years of medical school and your USMLE Step 1 score, three points for your third year of medical school and your USMLE step 2 score, and the five remaining points for your interviews/essays/letters of recommendation/etc. "Extra Credit" points are also given for prior military service and research. These same scoring sheets are used for those applying for fellowships, second residencies, and other training opportunities.

### **General Medical Officer (GMO)**

Navy students, as well as some Air Force and Army students are allowed to serve as General Medical Officers (GMO) after internship and before they complete a residency. They serve as primary care providers for select military units, offer medical advice to commanders, and also serve in occupational health capacities. They also practice flight medicine and dive medicine. This is an excellent operational experience for those who choose to do it. These tours of duty typically last two or more years. Such opportunities are being phased out of the military. For those who are able to do it, they can earn up to five more points on their GME application for residency.

### **Navy Residencies**

The Navy still allows new physicians to serve as General Medical Officers (GMO) in the years between internship and residency. The Navy also allows "out of service" training where those not selected for in-service GME can train out side of the active duty Navy. Your active duty Navy commitment will resume when your training is complete.

Below is a general overview of in service specialties and locations offered by the Navy. The years listed do not include an internship. The chart below is based on 2006 data. \*# denotes the number of applicants accepted each year and the years block consists of the number of years to complete the Residency.

Specialty	Location	# <i>Accepted</i>	Years
Aerospace Medicine	Pensacola, FL	17	2
Anesthesiology	Bethesda, MD	6	3
	Portsmouth, VA	6	3
	San Diego, CA	6	3
Dermatology	Bethesda, MD	2	3
	San Diego, CA	5	3
Emergency Medicine	Portsmouth, VA	8	3
	San Diego, CA	10	3
Family Medicine	Bremerton, WA	6	2
	Camp Lejeune, NC	6	2
	Camp Pendleton, CA	12	2
	Jacksonville, FL	13	2
	Pensacola, FL	7	2
General Surgery	Bethesda, MD	3	4
	Portsmouth, VA	3	4
	San Diego, CA	4	4
Internal Medicine	Bethesda, MD	10	2
	Portsmouth, VA	10	2
	San Diego, CA	12	2
Neurology	Bethesda, MD	2	3

Neurosurgery	Bethesda, MD	1	6
Obstetrics/Gynecology	Bethesda, MD	3	3
	Portsmouth, VA	5	3
	San Diego, CA	5	3
Ophthalmology	San Diego, CA	4	3
Orthopedic Surgery	Bethesda, MD	3	4
	Portsmouth, VA	3	4
	San Diego, CA	5	4
Otolaryngology	Bethesda, MD	2	4
	Portsmouth, VA	2	4
Pathology	Bethesda, MD	2	4
	San Diego, CA	3	4
Pediatrics	Bethesda, MD	5	2
	Portsmouth, VA	8	2
	San Diego, CA	8	2
Psychiatry	Bethesda, MD	4	3
	Portsmouth, VA	4	3
	San Diego, CA	4	3
Radiology	Bethesda, MD	4	4
	Portsmouth, VA	5	4
	San Diego, CA	6	4

Urology	Portsmouth, VA	1	4
	San Diego, CA	1	4

## **Fellowships**

The military also offers its physicians the opportunity to complete fellowships. Many of these fellowships are offered at active duty locations and some are offered as civilian sponsorships. A civilian sponsorship is where the military will pay for a doctor to attend a civilian program. A few of the more obscure sub-specialties are available on a deferred basis. That is when the military will allow you to spend a year or two off of active duty status in order to train; thus your active duty obligation is "deferred." Below is a partial list of fellowship categories:

### Aerospace Medicine

### Hyperbaric Medicine

### Anesthesiology:

Cardiac Anesthesia  
Critical Care Anesthesia  
Pain Management  
Pediatric Anesthesia  
Regional Anesthesia  
Trauma Anesthesia

### Dermatology:

Dermatopathology  
Immunodermatology  
MOHS/Dermatologic Surgery  
Pediatric Dermatology

### Emergency Medicine:

Emergency Medicine Services  
Emergency Toxicology  
Pediatric Emergency Medicine  
Ultrasound

### Family Medicine:

Faculty Development  
Sports Medicine

General Surgery:

Plastic Surgery  
Craniofacial Surgery  
Microvascular Surgery  
Thoracic Surgery  
Cardiac Transplant Surgery  
Major Aortic Surgery  
Minimally Invasive Thoracic Surgery  
PEDIATRIC CARDIAC SURGERY  
Rhythm Disturbance Surgery  
Surgical Ventricular Remodeling  
SVR Surgery (Heart Failure)  
Vascular Surgery  
Advanced Laparoscopic  
Colon/Rectal Surgery  
Organ Transplant Surgery  
Pediatric Surgery  
Surgical Oncology  
Trauma/Critical Care Surgery

Internal Medicine:

Cardiology  
Echocardiography  
Electrophysiology  
Interventional Cardiology  
Molecular Cardiology (Heart Failure)  
Noninvasive Cardiology  
Critical Care Medicine  
Endocrinology  
Gastroenterology  
Gastroenterology-Hepatology  
Invasive Endoscopy  
General Internal Medicine  
Geriatric Medicine  
Hematology/Oncology  
Transfusion Medicine  
Infectious Diseases  
Nephrology  
Pulmonary/CCM  
Rheumatology

Neurology:

Behavior Neurology  
Child Neurology  
Clinical Neurophysiology  
Headache Medicine  
Interventional Neurology  
Movement Disorder  
Neuro Critical Care  
Neuro Intensivist  
Neuro Ophthalmology  
NEUROMUSCULAR DISEASE

Neurosurgery:

Epilepsy Neurosurgery  
Neurosurgery Oncology  
Pain and Functional Neurosurgery  
Pediatric Neurosurgery  
Peripheral Nerve  
Skull Base Neurosurgery  
Spine Neurosurgery  
Vascular Neurosurgery

OB-GYN:

GYN Laparoscopy  
GYN Oncology  
Maternal and Fetal Medicine  
Reproductive Endocrinology  
Urogynecology

Ophthalmology:

Corneal/External Disease  
Glaucoma  
Neuro Ophthalmology  
Oculoplastic/Orbital Surgery  
Ophthalmic Pathology  
Pediatric Ophthalmology  
Retinal Surgery  
Uveites

Orthopaedics:

Children s Orthopaedics  
Feagin Sports Medicine  
Foot and Ankle Surgery  
Hand Surgery  
Orthopaedic Oncology  
Orthopaedic Trauma  
Shoulder Surgery  
Spine Surgery  
Total Joint/Reconstructive Surgery

Otolaryngology:

Facial Plastic/Reconstructive Surgery  
Head and Neck Surgery  
Laryngology  
Neurotology  
Pediatric Otolaryngology  
Rhinology

Pathology:

Cytopathology  
Dermatopathology  
Forensic Pathology  
Hematopathology  
Molecular Pathology  
Neuro Pathology  
Transfusion Medicine

Pediatrics:

Child Abuse  
Developmental Pediatrics  
Medical Genetics  
Neonatology  
Pediatric Cardiology  
Pediatric Critical Care Medicine  
Pediatric Endocrinology  
Pediatric Gastroenterology  
Pediatric Hematology/Oncology  
Pediatric Infectious Disease  
Pediatric Nephrology  
Pediatric Pulmonary Disease  
Pediatric Pulmonary/Critical Care Medicine  
Pediatric Rheumatology

Physical Medicine:

Pain Management  
Pediatric Rehabilitation  
Physical Medicine Neuromuscular/EMG  
Sports Medicine

Preventive/Public Health Medicine:

Medical Toxicology  
Occupational Medicine  
Preventive Medicine

Psychiatry:

Addiction Psychiatry  
Child/Adolescent Psychiatry  
Forensic Psychiatry  
Geriatric Psychiatry  
Preventive Psychiatry

Radiology (Diagnostic):

Imaging  
Neuroradiology  
Pediatric Radiology  
Vascular/Interventional Radiology

Urology:

Endourology  
Female Urology  
General Urology  
Impotence and Infertility  
Organ Transplant Surgery  
Pediatric Urology  
Reconstructive Urological Surgery  
Stone/Laparoscopy Disease  
Urological Oncology

Other:

Adolescent Medicine  
Allergy  
Clinical/Laboratory Immunology  
Clinical Pharmacology

