**APGO and CREOG Guidelines for Students Applying for an Ob-Gyn Residency – FAQs**

The COVID-19 Pandemic will have a large impact on the 2020-21 residency application cycle. There have been delays in completion of medical student clinical rotations, postponement of USMLE Step 2 CK, cancellation of Step 2 CS, significant reduction in the availability of away rotations, and limited ability to secure specialty specific letters of recommendations. In response to these factors, changes have been made to the ERAS timeline for release of applications and timeframe for rank order list submissions. APGO and CREOG have released guidelines for both programs and medical students applying for residency in the 2020-2021 application cycle.

This document addresses some of the common questions that students might have regarding the recommended guidelines. We encourage you to read it and share it with your department chair, clerkship director, residency program director, advisors, medical students and anyone else as you see fit.

1. **Why is there such a broad range of 25-40 total applications limit?**

There are various factors to consider that will determine the number of applications an individual student should submit. These factors include but are not limited to: the strength of an individual’s application, status of the applicant (US-MD, US-DO, US-IMG, non-US IMG), geographic needs, and couples’ matching status. There is no one-size-fits-all number to apply to all applicants.

2. **How does an individual student decide on the number of applications he/she submits?**

Historic data, available from AAMC at [https://students-residents.aamc.org/applying-residency/article/eras-timeline-md-residency/](https://students-residents.aamc.org/applying-residency/article/eras-timeline-md-residency/), shows trends on the number of applications submitted and the likelihood of matriculating into a residency. For example, for a US MD applicants with an average USMLE Step 1 score of 229, there are diminishing returns when applying to more than 16 programs. For a US DO applicants with a USMLE Step 1 score of 226, there are diminishing returns when applying to >35 programs. For US IMG and non-US IMG applicants there is limited data to suggest similar points of diminishing returns.

Students participating in couples’ matching will need to give special consideration to the number of applications submitted. Contributing factors such as competitiveness of both applicants and number of programs located in a particular geographic region will factor into decisions on how many applications should be submitted. It is expected that those couples matching will need to apply to more programs.

3. **Why is it important to speak with an OBGYN advisor? What if I do not have access to an advisor?**

It is important to have an advisor familiar with the specific requirements and competitiveness of the OBGYN match especially this year, it is more critical. Student should consider program directors, clerkship directors and OBGYN fellowship directors at their home institutions as a first choice for advising. For students at institutions without these resources, other options are available. For graduates from Osteopathic Medical schools, the American College of Osteopathic Obstetricians and Gynecologists have a robust mentoring program and plan to do extensive outreach to students. For IMGs, please reach out to the ECFMG for available resources.

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4. How did you decide on limiting the total interviews to 12-15 programs?

While applicant scenarios differ, prior Match data suggests little added benefit to ranking more than 12-15 programs. For example, US MD and DO applicants to OBGYN, there is a >90% probability of matching when ranking 12 or more programs. Applicants should consider the strength of their application and advice of an OBGYN advisor or dean in determining a reasonable number of interviews. Special consideration will need to be given to those applicants who are couples’ matching and those applicants who are at high-risk of not matching. Additional data is available at https://www.nrmp.org/main-residency-match-data/.

5. How do I know if other applicants will follow the guidelines?

While there are no formal means of ensuring that all applicants will follow the guidelines published by APGO and CREOG, medical schools and students’ advisors will be working in partnership with the students to make sure they adhere to the proposed guidelines to ensure a fair and equitable process for everyone. Students should thoroughly research programs, utilizing resources such as program websites, FREIDA, and the APGO residency directory to determine whether program offerings match their career goals. Limiting applications only to programs that provide the right fit between the applicant’s goals and the program’s offerings can help decrease the number of applications an individual will need to submit. Releasing interview invitations as soon as an applicant determines that they don’t plan to interview will allow for other applicants on the waitlist to be offered an invitation.

Your fellow applicants will be your future colleagues. There are a finite number of interview spots. Applicants should focus on those programs they are prioritizing in order to provide opportunities for ALL students to have the opportunity to interview at programs. When students over interview, they put their colleagues at a disadvantage which may lead to unmatched applicants.

6. What if I am participating in the couples’ match?

Applicants participating in the couples’ match present a unique situation. As mentioned in the sections above, these candidates should start by consulting an OBGYN advisor (as well as a specialty advisor in their partner’s specialty). The expectation is that those participating in the couples’ match will need to apply to more programs. While specialty specific data is not available, the 2020 Match data shows that overall >95% successfully matched. (nrmp.org)