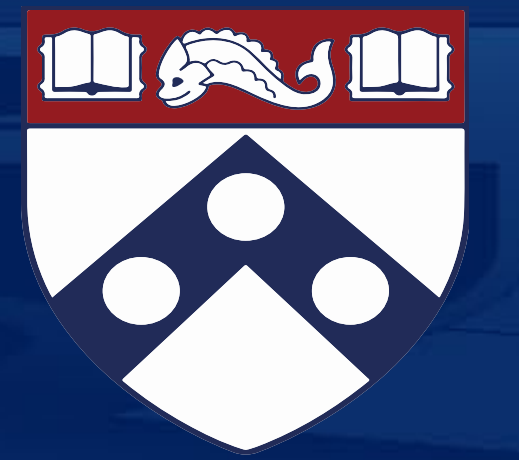


An Update on the Independent Plastic Surgery Match (2019-2022): Trends, Predictors, and Program Leaders' Perspectives

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Background

Plastic surgery training has two distinct pathways: the integrated and the independent tracks. With the rise of the integrated track, independent program numbers and positions have declined, as highlighted by our prior work from 2010-2018. Additionally, previous scholarship surveying program directors (PD) suggest further plans to decrease the number of programs and positions, as early as this upcoming year. The goals of this study were twofold: to analyze program trends and applicant characteristics from the 2019-2022 match and obtain insight into the trajectory of the independent track by surveying its current leaders. With this study, the authors hope to aid residents in this competitive match process and assess the future of this training pathway.

Methods

With American Council of Educators in Plastic Surgery (ACEPS) approval, the independent match data for 2019-2022 was obtained from the San Francisco (SF) Match. Variables influencing match success were analyzed. A 13-question voluntary, anonymous survey was created and sent to Program Directors (PD), Chairs, and Chiefs across all plastic surgery programs providing an independent track and surveyed about desirable applicant traits and program trajectories.

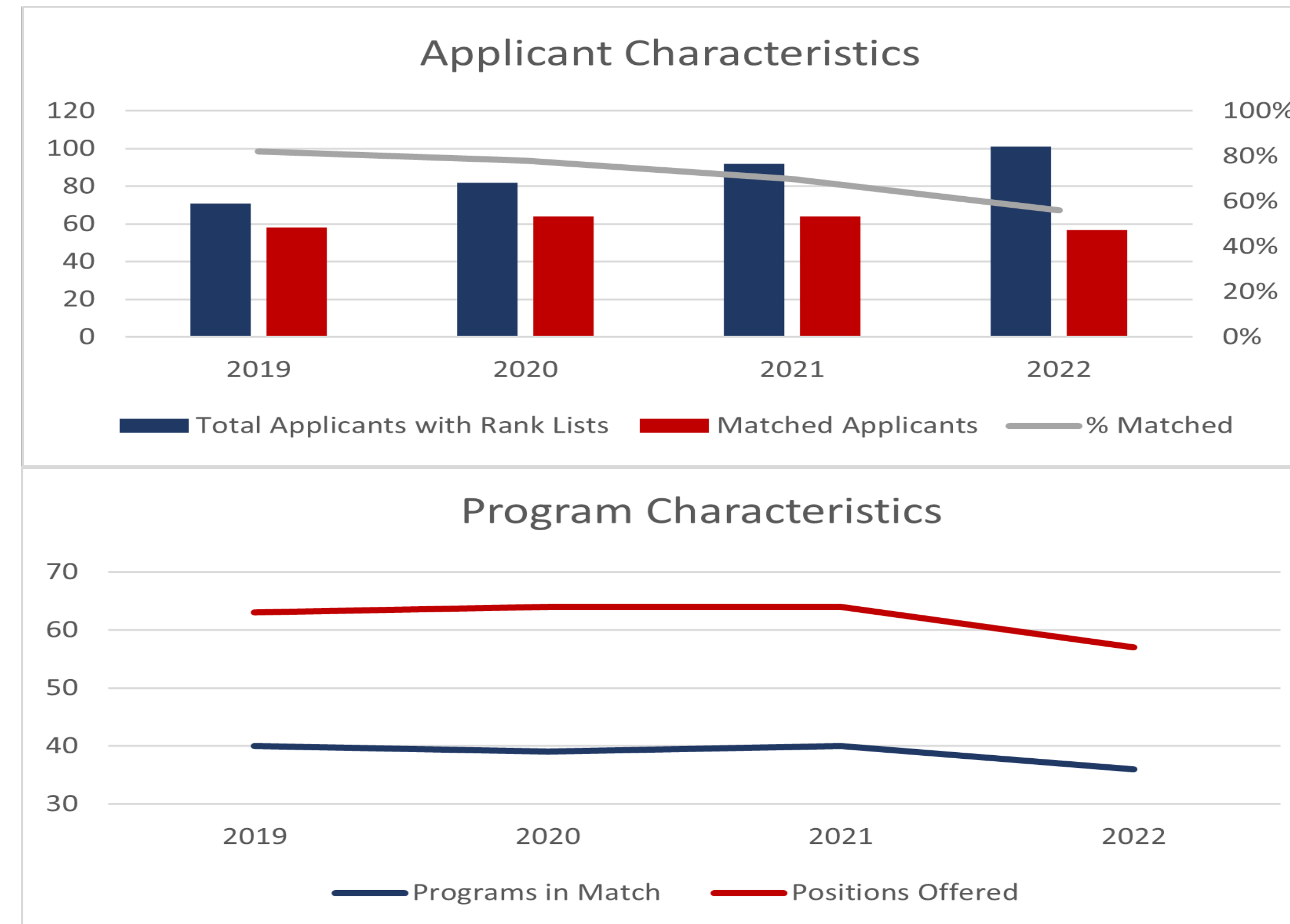


Figure 1: Applicant and program characteristics in the independent match, from 2019-2022 as reported by the SF Match.

Results

From 2019-2022, 243 of 428 applicants matched. Programs and positions declined by 10% and 9.5%, respectively. Applicants rose 42.3%, but match rates fell from 82% to 56%. Osteopathic graduates doubled, while international graduates increased 53.8%. Successful matches were associated with U.S. Allopathic medical school graduates, university-affiliated general surgery residencies, eight or more interviews, United States Medical Licensing Examination (USMLE) scores >230, and high post graduate year (PGY)1-3 American Board of Surgery In Service Training Exam (ABSITE) scores (PGY1-64.7%, PGY2-61.2%, PGY3-60.7%; $p < 0.05$). Of surveyed programs, 55.6% aim to continue running the independent track in the next year. Conversely, 7.4% plan to discontinue in the next year, 22.2% within 2-5 years, 7.4% within the next decade, and 7.4% unsure.

Conclusions

With the shifting of focus towards the integrated track, this study aims to provide contemporary information about the independent track match and applicant characteristics, while elucidating sentiments of program leadership regarding the future of the independent track. Our study underscores a declining trend in program participation and available positions, while overall applicant interest has continued to rise, making it more difficult to match. To succeed, applicants benefit from having attended a U.S. Allopathic medical school, a university-affiliated general surgery training program, high USMLE Step 1 scores, and performing well on PGY1-3 ABSITE exams. Obtaining eight or more interviews also improved match success. Program leaders stress the importance of letters of recommendation that speak to an applicant's character and clinical skills. Program leaders see no difference in skill levels between independent and integrated residents, highlighting neither pathway is superior. While some independent track programs are considering discontinuation, the independent pathway continues to play a vital role in training future plastic and reconstructive surgeons.

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