

MD vs DO: The Biggest Differences (And Which is Better)

What is a DO vs. MD? Learn the truth about how allopathic and osteopathic medical programs can impact your residency, career, and salary

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Part 1: Introduction

There are countless articles online that will tell you that at the end of the day:

- It doesn't matter whether you receive an MD vs. DO degree
- DO and MD are merely letters behind your name
- All that matters is that you're a physician
- You'll have access to the same opportunities regardless

And so on. If you're reading this guide, you're probably less interested in political correctness or the history of the degree programs, and more interested in real talk about:

- What is the difference between an MD and DO?
- What kind of doctor is a DO?
- Is getting a DO easier than an MD?
- How competitive you are for getting into MD vs. DO programs
- How a DO vs. MD degree will impact your residency and career options, as well as salary

Therefore, this guide will be focusing on the information you actually care about. (Note: If you're reading this as someone seeking the right health care option, you may also be

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wondering, “Should I see a DO or MD?” and “DO vs. MD: Which is better?” This guide will answer your questions, too.)

Before we get into answering your juicy questions, here’s a brief overview of the two types of medical degrees in the United States.

What is a DO vs MD?

Doctor of Medicine (MD)

Physicians with an MD degree train in allopathic medicine, which focuses on the diagnosis and treatment of disease. MD physicians attend med schools accredited by the Liaison Committee on Medical Education (LCME). When most people think of a physician, they’re thinking of an MD.

Doctor of Osteopathic Medicine (DO)

Physicians with a DO degree train in osteopathic medicine, which takes on a more holistic approach. What a holistic medical approach actually means is placing additional focus on (shout-out to Doctor Mike for explaining this so clearly): 1) the body’s ability to heal itself; 2) prevention; and 3) the patient as a whole. (i.e., their environment, nutrition, and body system) The American Osteopathic Association (AOA) Commission on Osteopathic College Accreditation (COCA) accredits DO programs.

(Note: Many MD physicians take a holistic approach to their patient care. Nevertheless, the training focus differs between MD and DO programs.)

DO vs. MD: Similarities

Both MD and DO physicians:

- Must complete the same medical school requirements (e.g., Bachelor’s degree, MCAT, extracurricular activities)

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- Must gain certain extracurricular experiences for medical school during their undergrad and post bacc years (e.g., clinical shadowing, patient exposure, community service, volunteering)
- Attend 4 years of accredited medical schools
- Base diagnostic and treatment decisions on science
- Can be licensed to practice medicine in all 50 states
- Can write the same prescriptions
- Can practice any medical specialty

DO vs. MD: Differences

- Medical students in DO programs must complete 200 hours of osteopathic manipulative treatment (OMT; physically manipulating body tissue to treat patients) training beyond the typical medical curriculum. MD students do not receive OMT training during medical school.
- Whereas MD students have to pass the United States Medical Licensing Exam (USMLE) to obtain licensure, DO students must pass the Comprehensive Medical Licensing Examination (COMLEX) to obtain their medical license.
- MD physicians *tend* to specialize (e.g., cardiology, neurology, ophthalmology) and work in urban areas. DO physicians *tend* to practice as primary care physicians and work in rural areas. (More on this later)
- As of March 2018, there are 141 accredited MD programs, but only 31 accredited DO programs in the United States.
- There is a roughly 9:1 ratio of MD vs DO physicians in the United States.
- DO programs are more likely than MD programs to accept medical students from non-traditional backgrounds, including individuals who are older and pursuing medicine as a second career.

Now that we've covered the basics, let's dive into your most pressing questions.

Part 2: DO vs. MD: Admissions Questions

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Is getting a DO easier than MD? / Is it easier to get an MD or DO?

Technically, it is *harder* (i.e., lower acceptance rate) to get into a DO program. While this may come as a shock to you, the primary reason behind this fact is that there are far fewer accredited DO programs (31) than accredited MD programs (141) in the US. In other words, because more MD programs exist, you are statistically more likely to get into an MD program vs. a DO program.

Practically speaking, however, it is more difficult to get into an MD program vs. a DO program. For the 2018-2019 academic year, the average MCAT and GPA for students entering US MD programs were 511.2 and 3.72, respectively, yet 503.8 and 3.54 for individuals matriculating into DO programs in 2018. These data clearly suggest that students must aim to achieve at a higher level academically to be competitive for MD program admissions.

(Note: The data presented above only reflect scores from the new MCAT. Students who applied using scores from the old MCAT are not included in this comparison. You can use our [MCAT score conversion guide](#) to view how old MCAT scores compare to new ones.)

(Note: We provide a list of the [average GPA and MCAT score of matriculants at every US MD and DO school](#).)

Is it mandatory to shadow DO physicians to get into a DO program?

Regardless of whether or not every DO program lists shadowing a DO physician as an admission requirement, you should treat it as such if you're even remotely interested in attending an osteopathic medical program. And if you're having a tough time finding a DO physician to shadow, the [American Osteopathic Association maintains a directory of all practicing DO physicians](#).

Do I need to submit a letter of recommendation from an osteopathic physician to get into a DO program?

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Again, while this may technically not be required, you should aim to receive a recommendation letter from a DO physician if you're considering an osteopathic medical career.

It's worth discussing why we strongly encourage shadowing a DO physician(s) and obtaining a medical school letter of recommendation from one if you're interested in getting into a DO program. Beyond the obvious (i.e., you should have an idea of how a DO actually practices), you should consider the DO programs' admissions committees' perspective: DO schools want to know that you're applying to their programs because you're actually interested in practicing osteopathic medicine, rather than because they're "easier" to get into. If you haven't shadowed a DO physician or don't have a recommendation letter from one, DO adcoms will be skeptical of your interest in osteopathic medicine.

How should I approach my personal statement differently for the MD application (AMCAS) vs. the DO application (AACOMAS)?

(Note: In 2019, AACOMAS increased its personal statement limit from 4,500 characters to 5,300 characters to match AMCAS.)

Let's cover the similarities before we get into the differences. Both MD and DO personal statements should provide information about:

- Why you want to pursue medicine
- Your journey to medicine
- Why you'll be an effective physician

Because most physicians in the US are MDs and practice allopathic medicine, this approach is more strongly reflected in most premed students' academics, extracurricular experiences, and insights about medicine. Combined with the fact that most medical school applicants will apply to at least some MD programs, personal statements tend to also be written from an allopathic perspective.

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Typically, students applying to MD and DO programs will write their AMCAS personal statement first, and then modify it as necessary for AACOMAS. Most applicants will attempt to simply add words like “holistic” and phrases like “whole person” to demonstrate their interest in osteopathic medicine. This constitutes a weak approach to revising your personal statement for DO programs.

The better approach to modifying your personal statement is to demonstrate ways you have applied the osteopathic care model throughout your clinical and research experiences *throughout* your personal statement. That way, when you use words like “holistic” or “comprehensive” in your essay, DO adcoms will be more likely to buy into your passion for osteopathic medicine.

Part 3: DO vs. MD: Residency and Career Questions

Are there any differences in DO vs. MD residency opportunities?

As of November 2019, MD students can match only to residencies accredited by the Accreditation Council for Graduate Medical Education (ACGME), whereas DO students can match to residencies accredited by ACGME *or* the AOA. However, those accreditation councils will merge after June 30, 2020, allowing MD and DO students to train at any residency site.

A number of ACGME-accredited residencies require that students pass USMLE to be considered for their program. The safest way for current DO students—who usually take COMLEX only—to expand their residency options is to pass COMLEX *and* USMLE.

(Note: There is a push being made for COMLEX and USMLE to be treated equally for residency admissions, but we have yet to see how that will play out.)

What are the differences in MD vs. DO residency match rates?

DO students have an approximately 70% match rate to allopathic residencies, vs. 95% for MD students. Therefore, while DO and MD physicians *can* practice any specialty, this ability depends on whether or not they’re able to match to their residency specialty of choice.

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Residencies focused on training medical specialists tend to be accredited by ACGME, making it somewhat more difficult for DO students to pursue specialty training. However, if a DO student is accepted to their residency specialty of choice, the differences between the two degrees become almost negligible.

Competitive residencies (i.e., those in desirable urban areas and/or desirable specialties, such as dermatology and radiology) are competitive for everyone. Nevertheless, DO students have an *even harder* time matching to them, mostly because of differences in prestige or reputation. However, DO students who are at or near the top of their class and who ace USMLE will be competitive for desirable residency programs.

Part of the reason why DO physicians tend to practice primary care is because of the osteopathic medical philosophy. Another part of the reason is that DO students have a more difficult time matching to residencies offering specialty training.

Are there differences in DO vs. MD salary?

MD and DO physicians make comparable salaries when matched on factors like specialty, position, years of experience, and location. However, MD physicians earn higher incomes than DO physicians on average because they:

- Are more likely to specialize, and specialists typically have higher salaries than generalists.
- Tend to practice more in urban areas (Salaries are usually higher for city dwellers, who have to deal with a higher cost of living. Moreover, specialists tend to practice in urban areas.)

(Note: It is not always the case that physicians who work in urban areas make more than their counterparts in rural areas. Because living in urban areas is more desirable for many people (i.e., higher demand), employers may offer lower compensation to urban physicians. On the other hand, some employers in rural areas (i.e., lower demand) may offer higher compensation to attract talent.)

Can US-trained MD and DO physicians practice medicine internationally?

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MD physicians have full practice rights worldwide, whereas DO physicians currently have them in roughly 50 countries and partial practice rights in many other countries. The AOA is working diligently to increase acceptance of DO degrees by more and more countries.

Part 4: DO vs. MD: Where to Apply

The answer to this question depends on the following factors:

- Preferred training modality
- Career goals
- Stats (i.e., GPA and MCAT score)

Preferred training modality

MD and DO physicians are highly skilled practitioners who undergo years of intense medical training. However, the allopathic and osteopathic approaches to care appeal differently to different people. If you prefer to train via a more holistic medical approach and/or want to study osteopathic manipulative treatment, DO programs could be a great fit for you.

Career goals

While MD and DO physicians can practice any medical specialty, this ability is contingent on matching to residency programs of choice. Although interests change during medical school and beyond, you should prioritize MD programs if you anticipate wanting to pursue a medical specialty. On the other hand, if you're strongly considering working as a primary care physician, your preferred training modality should play a heavier role in your decision-making process.

Stats

Some students simply don't have a high-enough GPA and/or MCAT score to get into an MD program, but have the numbers to be competitive for DO programs. If your heart is set on

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pursuing a medical career but your numbers fall short of MD program expectations, DO schools may be your only option.

It's important to note, however, that applying to MD vs DO programs isn't a black-and-white proposition. Many students apply to MD *and* DO programs because of their interest in both training modalities. Moreover, students whose GPA and MCAT scores are competitive for some, but not many, MD programs should apply to varying numbers of MD vs DO programs. (I recommend certain percentage breakdowns of MD vs DO program applications based on your stats [here](#).)

Final Thoughts

The allopathic (MD) and osteopathic (DO) approaches to medicine are highly valuable for treating patients. Therefore, neither an MD nor DO is objectively better than the other. Nevertheless, your preference for one training modality vs. the other, desire to practice as a specialist vs. primary care physician, and ability to get into MD programs (more difficult) should be carefully considered when deciding where to apply to medical school.