

Georgia Graduate Medical Education Exit Survey Report

Based on responses to the 2025 GME Exit Survey



Georgia Board of Health Care Workforce

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Executive Summary	1
Methodology	1
Table 1: Respondents and Survey Completion Rate by Program, 2025	2
Key Findings from the 2025 Survey.....	3
Demographic Analysis.....	3
Education: High School	3
Education: Medical School.....	3
Sub-Specialty.....	4
Debt and Salary	4
Retention	5
Practice Opportunities	5
Satisfaction with Training.....	6
Demographic Analysis.....	6
Gender.....	6
Figure 1: Gender Distribution, 2025	6
Figure 2: Percent Female, 2021-2025	7
Table 2: Specialties by Gender, 2025	7
Race and Ethnicity	8
Table 3: Racial and Ethnic Distribution, 2025	8
Figure 3: Racial Distribution, 2025	8
Figure 4: Percent Black Race & Percent Hispanic Ethnicity, 2021-2025	9
Citizenship Distribution	10
Table 4: Citizenship Distribution, 2025	10
Figure 5: Citizenship Status, 2025	10
Age Distribution	11
Table 5: Age Distribution, 2025.....	11
Figure 6: Age Distribution, 2025	11
Education: High School.....	12
Table 6: Residence Upon Graduating from High School, 2025.....	12
Figure 7: Residence Upon Graduating from High School, 2025.....	12
Location of High School and Plans to Remain in State After Graduation	13
Figure 8: Percent of Georgia High School Graduates Planning to Remain in State After Graduation, 2021-2025	13

Figure 9: Percent of non-Georgia High School Graduates Planning to Remain in State After Graduation, 2021-2025.....	14
Education: Medical School.....	15
Table 7: Residence Upon Graduating from Medical School, 2025	15
Figure 10: Residence Upon Graduating from Medical School, 2025	15
Percent who Graduated from Georgia Medical Schools	16
Figure 11: Percent who Graduated from Georgia Medical Schools, 2021-2025	16
Table 8: Degree Type, 2025	17
Figure 12: Percent Osteopathic Degree, 2021-2025.....	17
Medical School Graduates Planning to Remain in State after Graduation.....	18
Figure 13: Percent of Georgia Medical School Graduates Planning to Remain In-State after Graduation, 2021-2025.....	18
Figure 14: Percent of non-Georgia Medical School Graduates Planning to Remain In-State after Graduation, 2021-2025.....	18
Respondent Attended Which Georgia Medical School	19
Figure 15: Respondent Attended which Georgia Medical School, 2025	19
Map 1: Respondents' Medical School Location, 2025	20
Specialty and Intended Practice Location by Medical School Location	21
Table 9: Medical School Location: Specialties of Graduates and Intended Practice Location, 2025 .	21
Figure 16: Medical School Location of Internal Medicine Graduates, 2025.....	22
Figure 17: Medical School Location of Family Medicine Graduates, 2025	22
Figure 18: Medical School Location of Emergency Medicine Graduates, 2025	23
Figure 19: Medical School Location of Pediatrics Graduates, 2025.....	23
Figure 20: Medical School Location of General Surgery Graduates, 2025	24
Figure 21: Medical School Location of OB/GYN Graduates, 2025	24
Figure 22: Medical School Location of Psychiatry Graduates, 2025.....	25
Specialties of Medical School Graduates Planning to Stay in Georgia Versus Those Planning to Practice Out of State.....	26
Figure 23: Specialties of Georgia Medical School Graduates Planning to Stay in Georgia versus those Planning to Practice Out of State, 2025.....	26
Figure 24: Specialties of other U.S. States Medical School Graduates Planning to Stay in Georgia versus those Planning to Practice Out of State, 2025.....	27
Figure 25: Specialties of Offshore/Caribbean Medical School Graduates Planning to Stay in Georgia versus those Planning to Practice Out of State, 2025.....	28

Figure 26: Specialties of Other Countries' Medical School Graduates Planning to Stay in Georgia versus those Planning to Practice Out of State, 2025.....	29
Respondents who Graduated from High School, Medical School, and GME in Georgia and Plan to Stay in Georgia after Graduation	30
Figure 27: Respondents who Attended High School, Medical School, and GME in Georgia and Plan to Remain in Georgia, 2021-2025	30
Respondents who Graduated from a non-Georgia High School and Medical School and Plan to Stay in Georgia after Graduation	31
Figure 28: Respondents who Attended Both a Non-Georgia High and Medical School Plan to Remain in Georgia, 2021-2025.....	31
Education: Resident and Fellow Distribution	32
Table 10: Distribution of Residents and Fellows by Education Location, 2025	32
Figure 29: Location of High School: Residents vs Fellows.....	32
Figure 30: Location of Medical School: Residents vs Fellows	33
Financial Information	34
Table 11: Education Debt, 2025.....	34
Table 12: Current Level of Education Debt by Specialty, 2025.....	34
Figure 31: Current Level of Education Debt, 2025.....	35
Figure 32: Percent Having no Education Debt, 2021-2025.....	35
Table 13: Total Scholarship Money Received for Medical School, 2025	36
Figure 33: Total Scholarship Money Received for Medical School	36
Expected Gross Income in First Year of Practice	37
Table 14: Expected Gross Income in First Year of Practice, 2025.....	37
Table 15: Expected Gross Income in First Year of Practice by Specialty, 2025.....	37
Figure 34: Expected Gross Income in First Year of Practice, 2025.....	38
Practice Information.....	39
Table 16: Top 5 intended Primary Activities after Current Year of Training, 2025.....	39
Figure 35: Top 5 Intended Primary Activities After Current Year of Training, 2025.....	40
Table 17: Practice Setting, 2025.....	41
Table 18: Expect to be at Principal Practice for 4 or More Years by Program, 2025.....	42
Practice Location	43
Table 19: Practice Location, 2025	43
Figure 36: Percent Staying in Georgia After Graduation, 2021-2025	44
Table 20: Practice Area, 2025	44

Figure 37: Percent Planning Rural Practice, 2021-2025.....	45
Specialty	46
Table 21: Specialties of Respondents Planning to Stay in Georgia after Completion of their Program	46
Figure 38: Primary Care/Core Specialties of Respondents Planning to Stay in Georgia after Graduation	47
Internal Medicine Graduates Pursuing Fellowship	48
Table 22: Internal Medicine Graduate Pursuing Fellowship.....	48
Table 23: Fellowship Specialties Pursued by Internal Medicine Graduates	48
Primary Care/Core Specialty Graduates Going into Sub-Specialties	49
Table 24: Primary Care/Core Graduates Going into Sub-Specialties	49
Job Search.....	50
Table 25: Actively Job Searched, 2025.....	50
Table 26: Job Offers and Acceptance, 2025.....	50
Figure 39: Percentage of Respondents Who Considered One or More Job Offers in Georgia, 2021-2025	51
Table 27: Influence of State Liability Environment (Tort Reform) on Job Search.....	51
Figure 40: Influence of State Liability Environment (Tort Reform) on Job Search	52
What made an out-of-state job more appealing than one in Georgia?	53
Table 28: Job Search Approaches, 2025	54
Table 29: Difficulty Finding a Job Rating, 2025	54
Figure 41: Difficulty Finding a Job Rating, 2025.....	54
Table 30: Specific Difficulties in Finding a Job, 2025	55
Other Reasons for Difficulty in Finding a Job, 2025.....	55
Table 31: Ratings and Perception of Training, Educational Debt Repayment, Practice Opportunities, and Rural Practice, 2025	56
Figure 42: Ratings and Perception of Training, Educational Debt Repayment, Practice Opportunities, and Rural Practice, 2025	57
Table 32: Top 3 Reasons for Leaving Georgia, 2025	58
Figure 43: Top 3 Reasons for Leaving Georgia, 2025.....	59
Figure 44: Top 3 Reasons for Leaving Georgia by Gender, 2025	60
Other Reasons for Leaving Georgia, 2025	61
Map 2: Location of Primary Activity after Current Year of Training, 2025	62
Additional Feedback on the 2025 GME Exit Survey.....	63

Figure 45: Additional Feedback on the 2025 GME Exit Survey.....	64
Acknowledgments.....	65
Board Members	65

Executive Summary

This report is the Georgia Board of Health Care Workforce’s (GBHCW) 23rd annual report of physicians graduating from Georgia’s graduate medical education (GME) programs. The purpose of this survey is to provide valuable insights into the experiences of medical graduates and contribute to a deeper understanding of healthcare workforce trends. The findings aim to support medical educators, policymakers, healthcare organizations, and community stakeholders in making informed decisions about physician supply and demand across Georgia. The survey offers insight into residents’ demographic characteristics, compensation and debt levels, retention rates, practice plans, assessments of the job market, and training experience.

Methodology

In June 2025, 995 Georgia GME graduates, representing 95.4% of total GME graduates funded by GBHCW, completed the GME Exit Survey. This reflects a 6.2% increase from 937 responses received last year, and an 11.9% growth since 2023. GBHCW collected GME survey responses through an online form. The survey link was distributed via email to GME program Directors and Coordinators. The GBHCW data team then sent automated weekly reminders and status update emails to each school until the completion deadline of June 10th. Analyses presented here were conducted using Microsoft Excel.

The response rates for each question vary and are reported as the “total” for each question. All Georgia GME programs with graduates participated in the survey, and are as follows in Table 1:

Table 1: Respondents and Survey Completion Rate by Program, 2025

Program Name	Completions	Percent of Total Respondents	Total Graduates	Survey Completion Rate
Emory University School of Medicine (Atlanta)	430	43.2%	441	97.5%
Medical College of Georgia (Augusta)	160	16.1%	168	95.2%
Wellstar Health System (Atlanta Metro)	79	7.9%	80	98.8%
Northeast Georgia Medical Center (Gainesville)	55	5.5%	55	100.0%
Morehouse School of Medicine (Atlanta)	50	5.0%	56	89.3%
Memorial Health University Medical Center (Savannah)	35	3.5%	42	83.3%
Advocate Health (Macon)	33	3.3%	38	86.8%
Northside Hospital Gwinnett (Lawrenceville)	22	2.2%	22	100.0%
Piedmont Macon Medical Center (Macon)	16	1.6%	16	100.0%
Hamilton Medical Center (Dalton)	14	1.4%	14	100.0%
AdventHealth Redmond (Rome)	13	1.3%	13	100.0%
Piedmont Athens Regional Medical Center (Athens)*	11	1.1%	20	55.0%
AU/UGA Medical Partnership-St. Mary's Healthcare (Athens)	11	1.1%	11	100.0%
St. Francis Emory Healthcare (Columbus)	10	1.0%	10	100.0%
Piedmont Columbus Regional Midtown (Columbus)	10	1.0%	11	90.9%
Gateway Behavioral Health CSB (Savannah)	9	0.9%	9	100.0%
Advocate Health Floyd (Rome)	8	0.8%	8	100.0%
Phoebe Putney Memorial Hospital (Albany)	8	0.8%	8	100.0%
South Georgia Medical Center (Valdosta)	7	0.7%	7	100.0%
Houston Medical Center (Warner Robins)	7	0.7%	7	100.0%
Colquitt Regional Medical Center (Moultrie)	3	0.3%	3	100.0%
Archbold Medical Center (Thomasville)	2	0.2%	2	100.0%
Memorial Satilla (Waycross)	2	0.2%	2	100.0%
Totals	995	100.0%	1043	95.4%

*Note: Piedmont Athens Regional Medical Center's response rate fell below the threshold of 70.0%

Key Findings from the 2025 Survey

Demographic Analysis

- 49.2% identified as female and 50.8% as male. This reflects a 2.1 percentage point decrease in female respondents compared to the 2024 survey, in which 51.3% identified as female.
- Respondents aged 30–34 years make up 60.5% of the total. While the smallest age group is age 40 and above, which accounts for 8.6%.
- In 2025, 51.4% of female-identified respondents were completing a primary care/core specialty, compared to 48.6% of male-identified respondents. This reflects a 4.5 percentage point decrease for females and a corresponding 4.5 percentage point increase for males from 2024. There is a slight narrowing in the gender gap, with more male respondents pursuing primary care/core specialties in 2025.
- Female-identified respondents made up 50.0% or more of the respondents in the following primary care/ core specialties: family medicine (58.9%), OBGYN (93.1%), psychiatry (75.0%), and pediatrics (77.8%). Compared to prior data, family medicine experienced a slight decline of 3.8 percentage points. In contrast, psychiatry showed a substantial increase of 17.4 percentage points, while OB/GYN and pediatrics saw respective gains of 3.8 and 5.3 percentage points.
- 67.6% of respondents identified as native-born U.S. citizens, representing a slight increase from the 67.4% reported in 2024.
- 16.8% of respondents identified as Black, reflecting a decrease from the 20.4% reported in 2024.
- The percentage of respondents identifying as Hispanic this year is 8.2%, which is a slight decline from the 8.6% reported in 2024.

Education: High School

- 26.5% of respondents graduated from a high school in Georgia, which is slightly lower than the 27.4% reported last year.
- Among residency completers, 53.2% graduated from out-of-state high schools, while 30.5% completed high schools in Georgia.
- Of the respondents who just completed their fellowship, the majority (63.4%) graduated from out-of-state high schools, 19.7% had graduated high school in another country, and 16.9% attended high schools in Georgia.

Education: Medical School

- The percentage of respondents holding an osteopathic degree is 15.1%, which is lower than 14.2% of respondents last year.
- 21.1% of respondents attended medical school in Georgia. This is slightly lower than the 23.2% reported in 2024.
- Of those who recently completed their residency program, 46.2% attended medical school in another state, 24.3% attended medical school in

Georgia, 16.6% attended medical school in an offshore/Caribbean country, and 12.9% attended medical school in other countries.

- Among respondents who recently completed their fellowship, 56.9% graduated from a medical school in another state, 21.4% graduated from a medical school in other countries, 13.4% attended medical school in Georgia, and 8.3% attended medical school in an offshore/Caribbean country.
- Of the respondents who attended medical school in Georgia, the highest number of graduates are from MCG, accounting for 33.3%. Mercer University follows with 20.0%, while the lowest number of graduates is from PCOM-Georgia (15.2%).
- The primary care/core specialty with the highest percentage of respondents is internal medicine at 43.7% while the lowest percentage is psychiatry at 4.3%. Notably, this represents a shift from the previous year, when general surgery had the lowest percentage.
- Among internal medicine graduates, 22.0% graduated from medical schools outside the United States. 21.1% graduated from offshore/Caribbean medical schools, 31.3% graduated from medical schools in other states, and 25.6% graduated from medical schools in Georgia.
- For family medicine graduates, 40.2% graduated from offshore/Caribbean medical schools, 8.9% graduated from medical schools outside the United States, 30.1% graduated from medical schools in other states, and 19.6% graduated from medical schools in Georgia.

Sub-Specialty

- Among all respondents, 27.8% are pursuing subspecialty training, and out of those, 16.1% are graduating from a program in primary care/core specialty.
- Internal medicine has the highest number of graduates entering subspecialty training, totaling 78 graduates. Of these, 19.2% are staying in Georgia, while the remaining 80.8% are pursuing their training in another state.
- The top three subspecialties pursued by internal medicine graduates are: cardiovascular disease (20.5%), pulmonary critical care (17.9%), and hematology & medical oncology (12.8%), respectively.

Debt and Salary

- Respondents reported a mean educational debt of \$232,288, with a median debt of \$229,000.
- 32.0% of respondents report having no educational debt. This is higher than the 30.3% reported last year.
- Respondents anticipated earning an average gross income of \$230,032 in their first year of practice, with a median income of \$242,000. Among all the primary care/core specialties, emergency medicine respondents stood out with the highest average expected gross income of \$250,813.

Retention

- 50.7% of respondents plan to be in Georgia for their primary activity after completion of their program, which is an increase of 2.8 percentage points from last year.
- 69.3% of respondents who went to high school in Georgia plan to remain in Georgia after graduation.
 - This compares to 43.9% of respondents who went to a non-Georgia high school planning to stay in Georgia after graduation.
- 65.2% of respondents who went to medical school in Georgia plan to remain in Georgia after graduation.
 - This compares to 46.8% of respondents who went to a non-Georgia medical school planning to remain in Georgia after graduation.
- 67.7% of respondents who attended both high and medical school in Georgia plan to stay in Georgia after graduation.
 - This compares to 43.1% of respondents who attended both a non-Georgia high school and medical school plan to stay in Georgia after graduation.
- The primary care/core specialty with the highest percentage of respondents planning to stay in Georgia after graduation is family medicine: 64.3% of those completing this specialty intend to remain in Georgia.
- The primary care/core specialty with the lowest percentage of respondents planning to stay in Georgia is general surgery: 26.2% of those completing that specialty intend to stay in Georgia.
- 57.1% of people who answered the question considered one or more job offers in Georgia. This is lower than 59.1% last year.
- The most-selected reasons for leaving Georgia after GME are: proximity to family (20.9%); fellowship or additional medical training (19.7%); and better jobs in desired location outside Georgia (11.6%). These are the same three top choices as last year.
- Female-identified respondents are more likely to leave Georgia due to proximity to family, at 22.3%, compared to 19.4% of male-identified respondents. Male-identified respondents are more inclined to pursue fellowships or additional medical training at 21.2%, compared to 18.1% of female-identified respondents.

Practice Opportunities

- The average of respondents' overall assessments of practice opportunities in their specialty within 50 miles of the site where they trained is 3.1 on a scale where 1 is very few jobs and 5 is many jobs. This is slightly lower than the mean average of 3.2 reported last year.
- The average of respondents' overall assessments of practice opportunities in their specialty nationally is 3.8 on a scale where 1 is very few jobs and 5 is many jobs. This is about the same as the average reported last year.

- 65.8% of respondents indicated that tort reform exerts a moderate influence on their decision regarding the state in which to practice, while 6.3% reported that it has a strong influence.

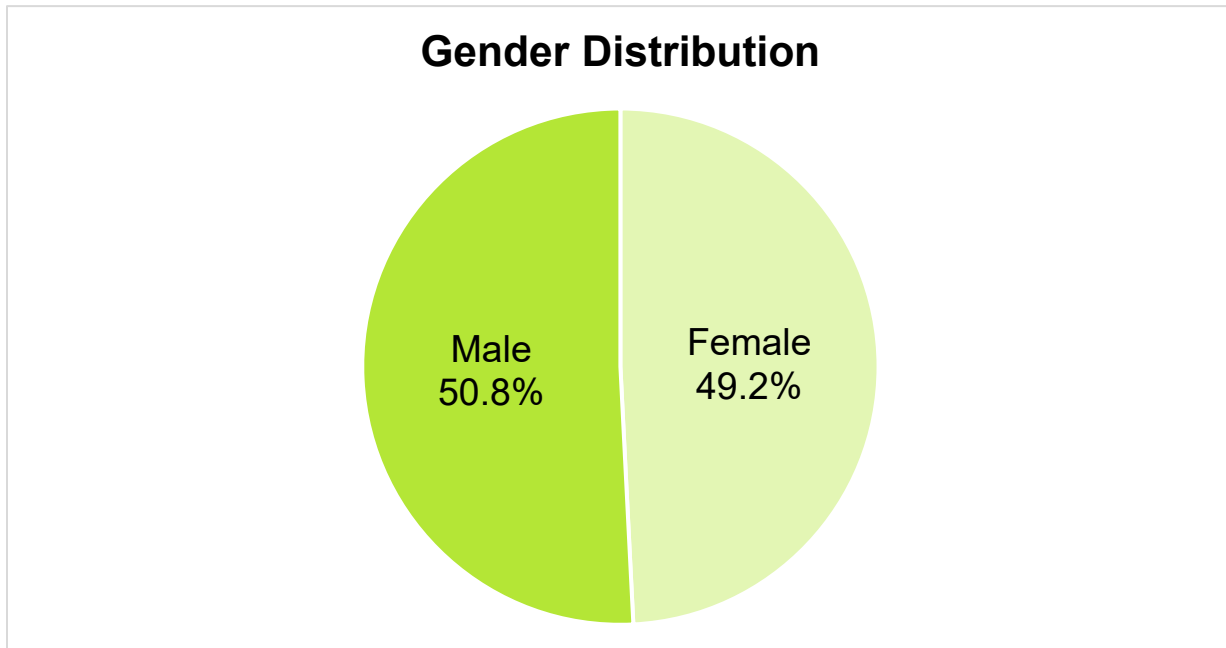
Satisfaction with Training

- The average response to the statement “Overall, I am satisfied with the training I received” is 4.3 on a scale where 1 is very dissatisfied and 5 is very satisfied. This is about the same as the average reported last year.
- The average agreement with the statement “I would choose to train at the same site again,” is 4.1 on a scale where 1 is strongly disagree and 5 is strongly agree. This is about the same as the average reported last year.

Demographic Analysis

Gender

Figure 1: Gender Distribution, 2025



Note: 3 respondents' gender is unknown.

Figure 2: Percent Female, 2021-2025

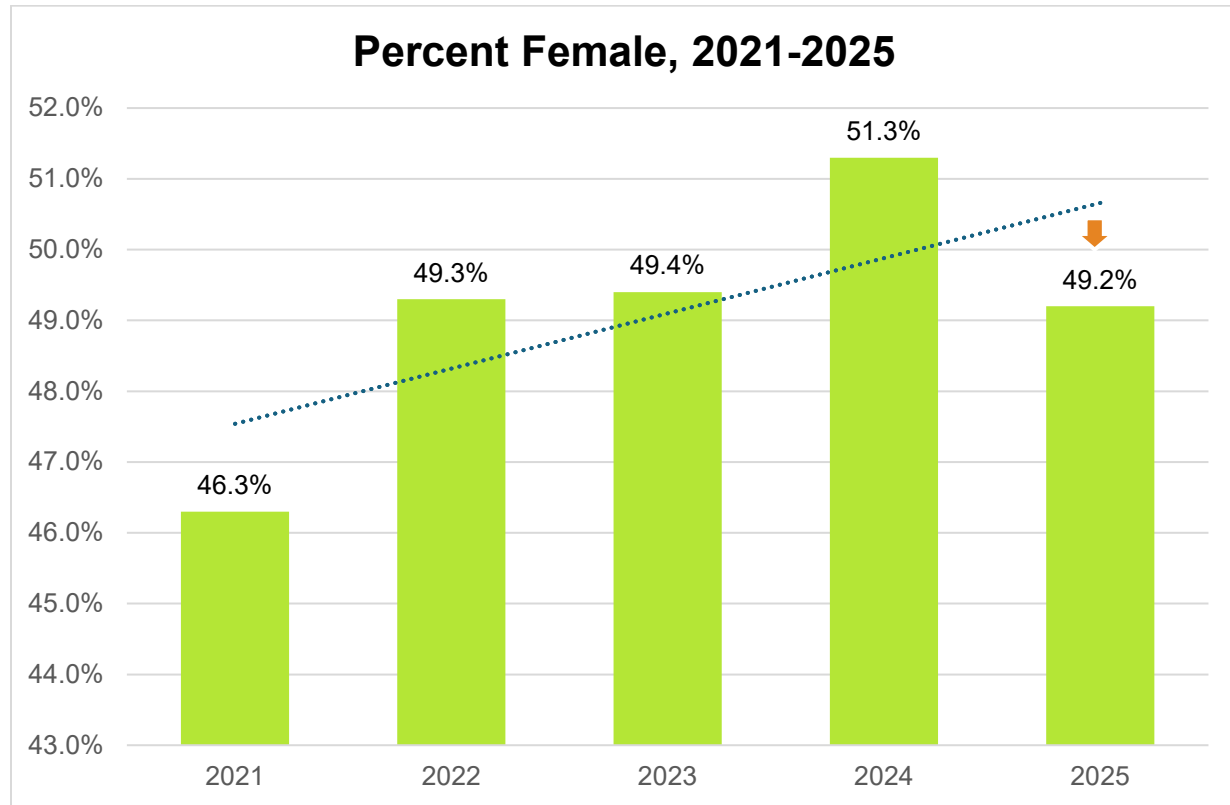


Table 2 data show near gender equality overall, with clear gender preferences in certain specialties, particularly high female representation in pediatrics and OB/GYN, and high male representation in general surgery and emergency medicine.

Table 2: Specialties by Gender, 2025

Specialty Completing in 2025	Female		Male		Total	Percent
	Frequency	Percent	Frequency	Percent		
Internal Medicine	106	43.1%	140	56.9%	246	43.8%
Family Medicine	66	58.9%	46	41.1%	112	19.9%
Emergency Medicine	25	39.1%	39	60.9%	64	11.4%
Pediatrics	35	77.8%	10	22.2%	45	8.0%
General Surgery	12	28.6%	30	71.4%	42	7.5%
OB/GYN	27	93.1%	2	6.9%	29	5.2%
Psychiatry	18	75.0%	6	25.0%	24	4.3%
Primary Care/Core Subtotal	289	51.4%	273	48.6%	562	56.7%
All Other Specialties	199	46.3%	231	53.7%	430	43.3%
Total	488	49.2%	504	50.8%	992	100.0%

Race and Ethnicity

Table 3 and Figure 3 show a predominance of white and Asian/Pacific Islander respondents, representation from black/African American respondents, and smaller contributions from other racial and ethnic groups.

Table 3: Racial and Ethnic Distribution, 2025

Race/Ethnicity	Frequency	Percent
White	478	48.4%
Asian or Pacific Islander	270	27.3%
Black/African American	166	16.8%
Multi-Race	40	4.0%
Others	30	3.0%
Native American/Alaskan Native	4	0.4%
Total	988	100.0%

Figure 3: Racial Distribution, 2025

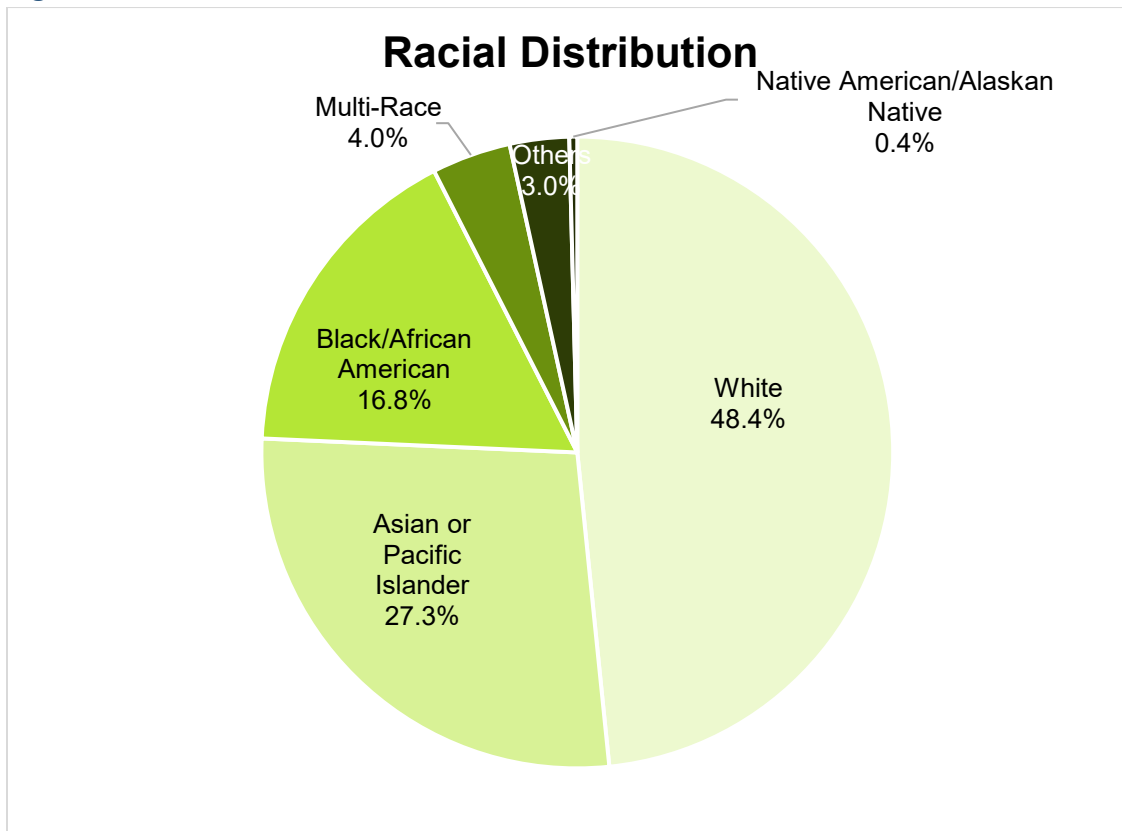
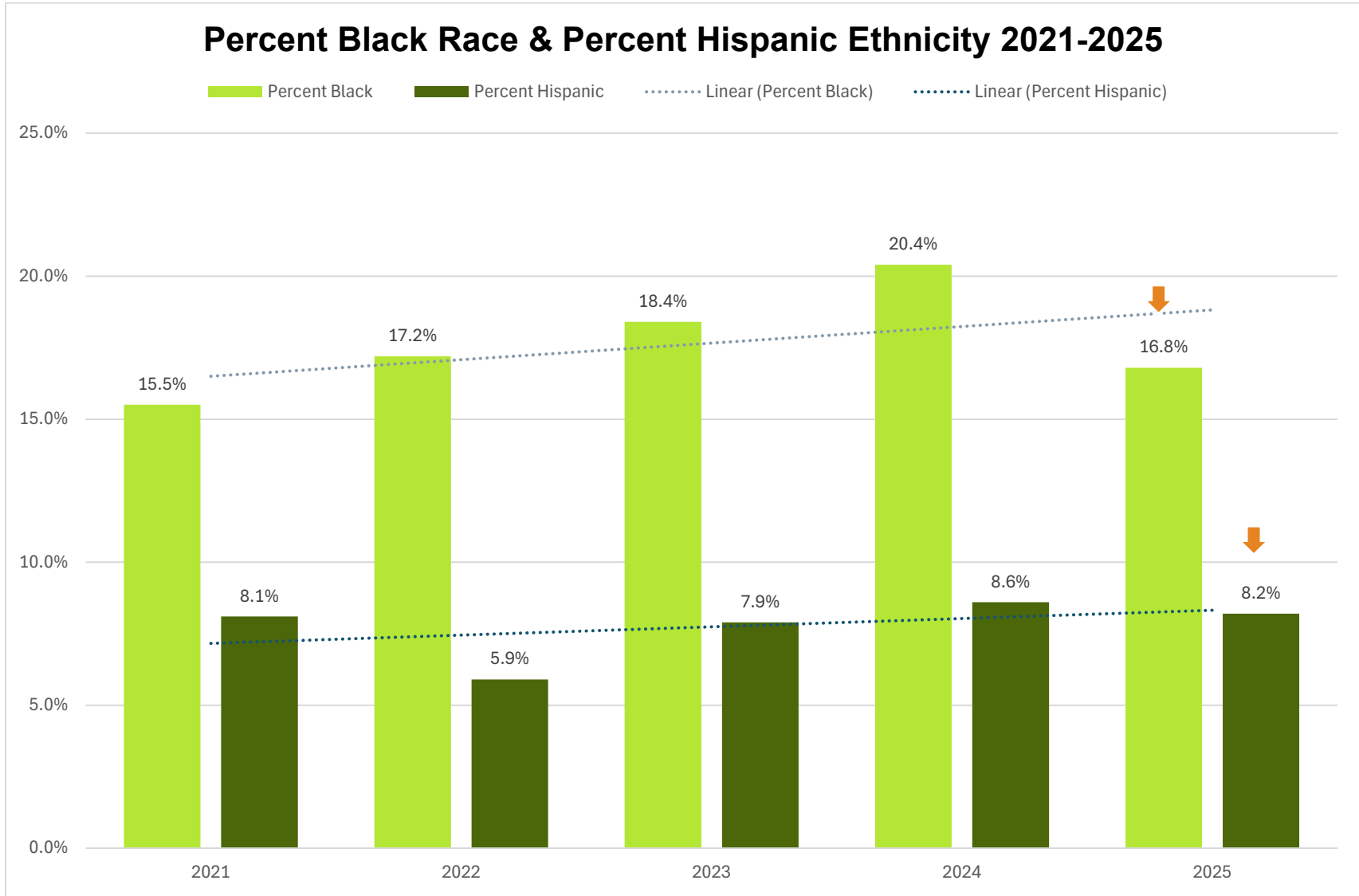


Figure 4: Percent Black Race & Percent Hispanic Ethnicity, 2021-2025



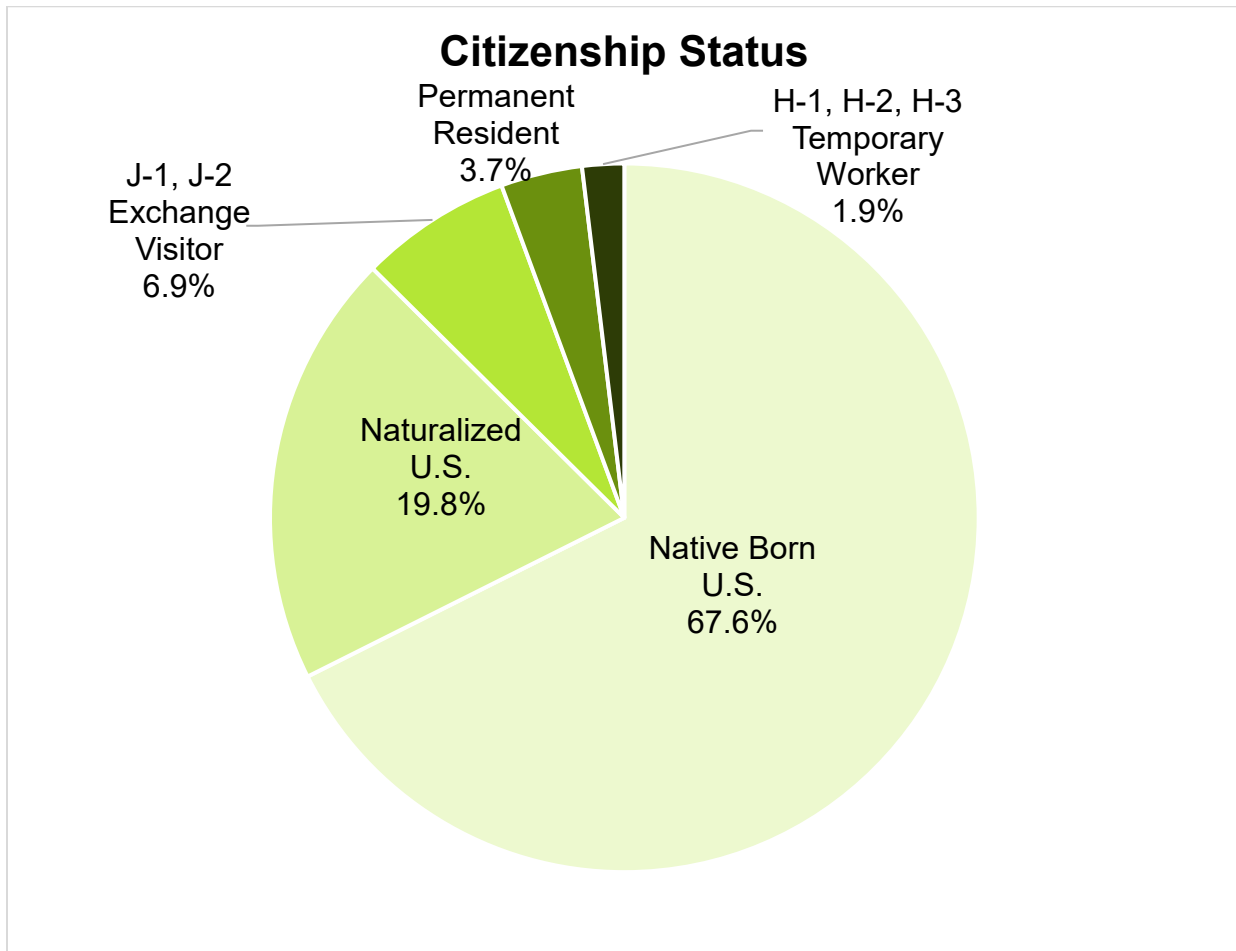
Citizenship Distribution

Table 4 and Figure 5 show that most graduates are U.S. citizens. There is also a notable number of graduates who are non-citizens or hold temporary statuses.

Table 4: Citizenship Distribution, 2025

Citizenship Status	Frequency	Percent
Native Born U.S.	672	67.6%
Naturalized U.S.	197	19.8%
J-1, J-2 Exchange Visitor	69	6.9%
Permanent Resident	37	3.7%
H-1, H-2, H-3 Temporary Worker	19	1.9%
Total	994	100.0%

Figure 5: Citizenship Status, 2025



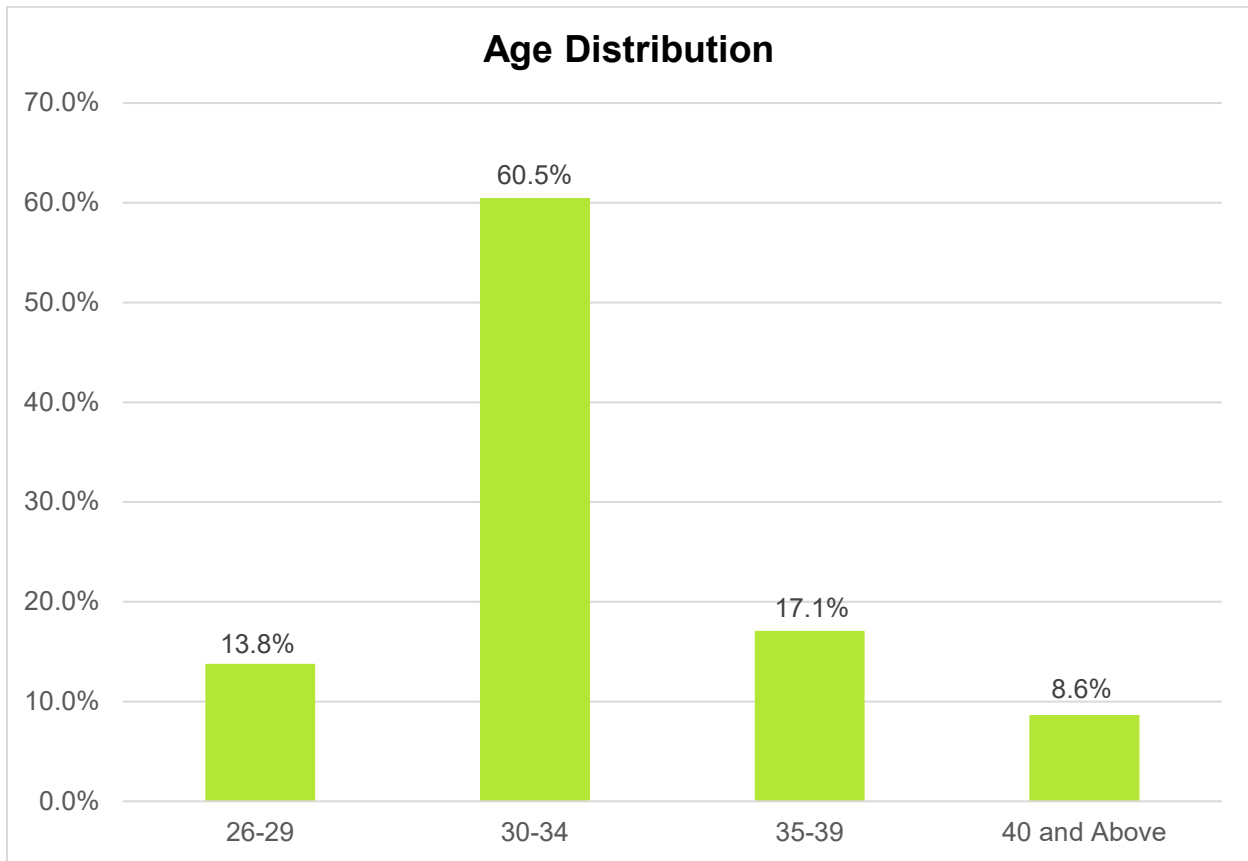
Age Distribution

Table 5 presents the age distribution of respondents, highlighting a concentration of graduates in their early 30s, with a notable presence of older trainees.

Table 5: Age Distribution, 2025

Age Grouping	Frequency	Percent
26-29	137	13.8%
30-34	602	60.5%
35-39	170	17.1%
40 and above	86	8.6%
Total	995	100.0%

Figure 6: Age Distribution, 2025

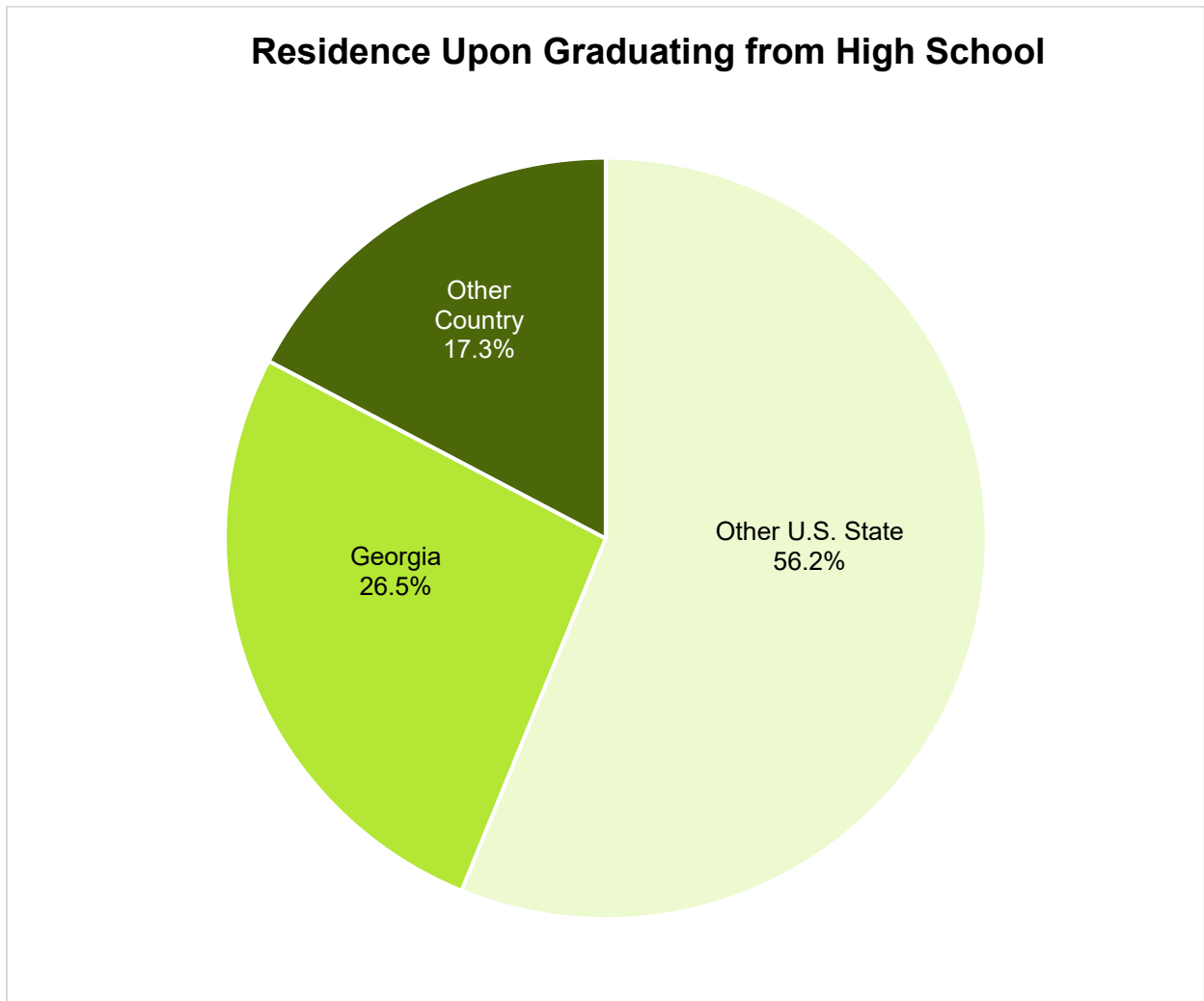


Education: High School

Table 6: Residence Upon Graduating from High School, 2025

Residence Upon Graduating from High School	Frequency	Percent
Other U.S. State	559	56.2%
Georgia	264	26.5%
Other Country	172	17.3%
Total	995	100.0%

Figure 7: Residence Upon Graduating from High School, 2025



Location of High School and Plans to Remain in State After Graduation

Figures 8 and 9 provide an overview of both Georgia and non-Georgia high school graduates (respectively) who are planning to remain in Georgia after graduation.

Figure 8: Percent of Georgia High School Graduates Planning to Remain in State After Graduation, 2021-2025

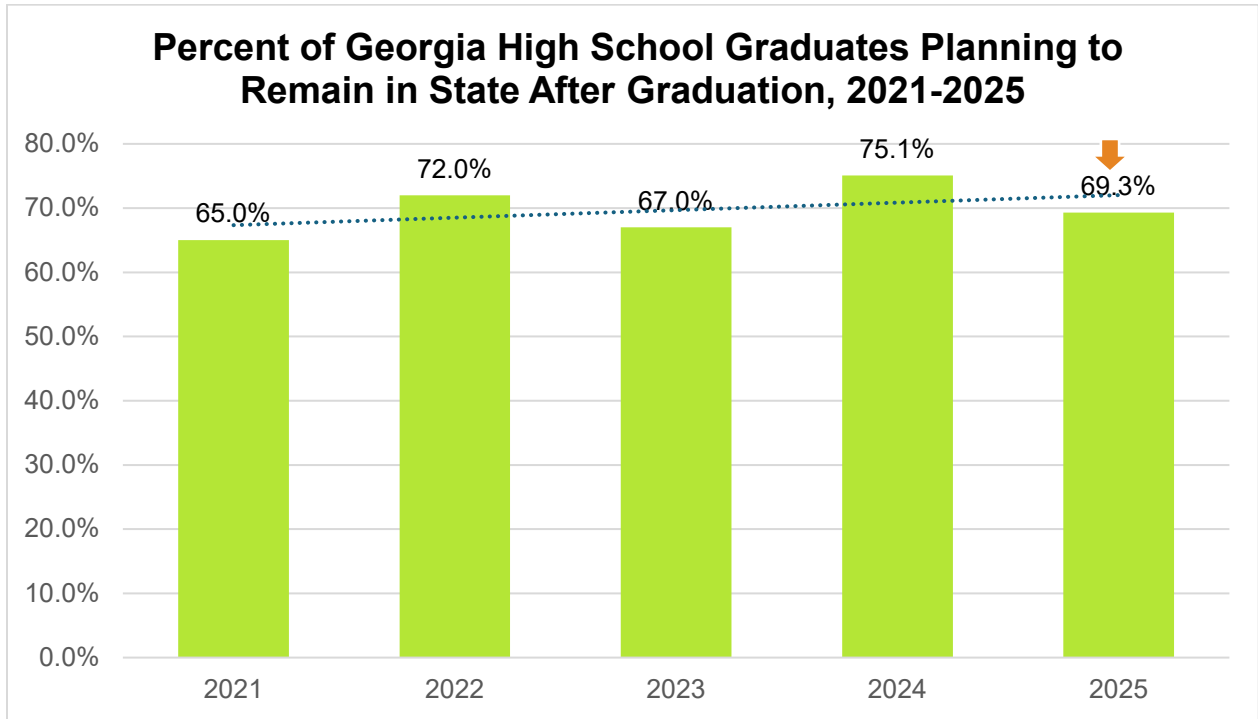
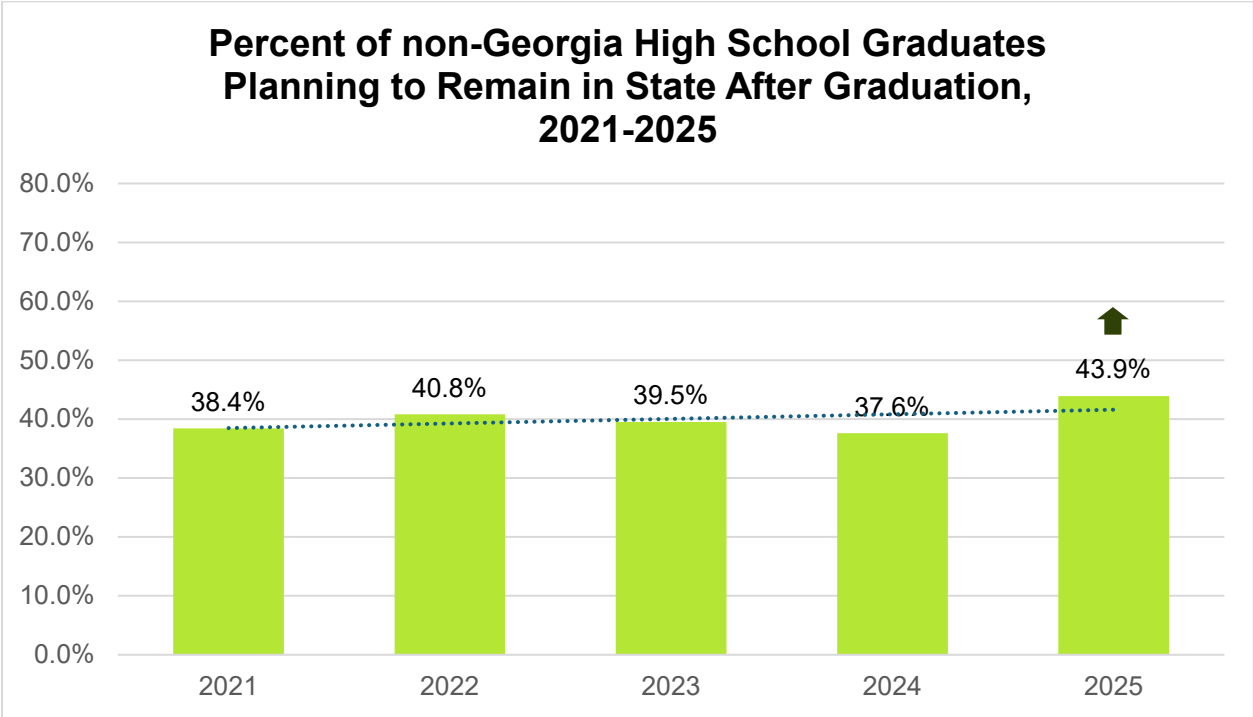


Figure 9: Percent of non-Georgia High School Graduates Planning to Remain in State After Graduation, 2021-2025

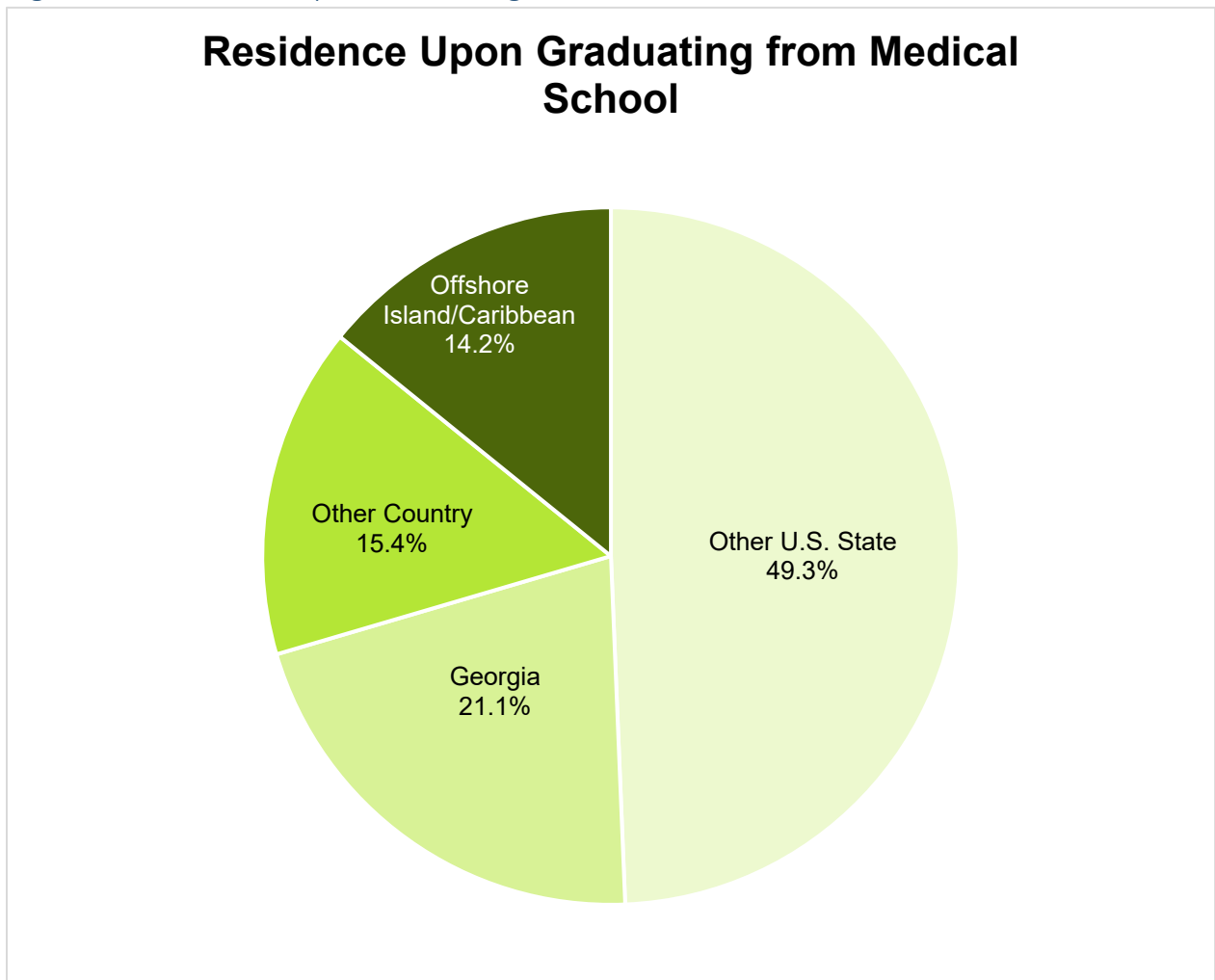


Education: Medical School

Table 7: Residence Upon Graduating from Medical School, 2025

Location of Medical School	Frequency	Percent
Other U.S. State	491	49.3%
Georgia	210	21.1%
Other Country	153	15.4%
Offshore Island/Caribbean Medical School	141	14.2%
Total	995	100.0%

Figure 10: Residence Upon Graduating from Medical School, 2025



Percent who Graduated from Georgia Medical Schools

Figure 11 shows the percentage of respondents over the last 5 years who have graduated from Georgia medical schools.

Figure 11: Percent who Graduated from Georgia Medical Schools, 2021-2025

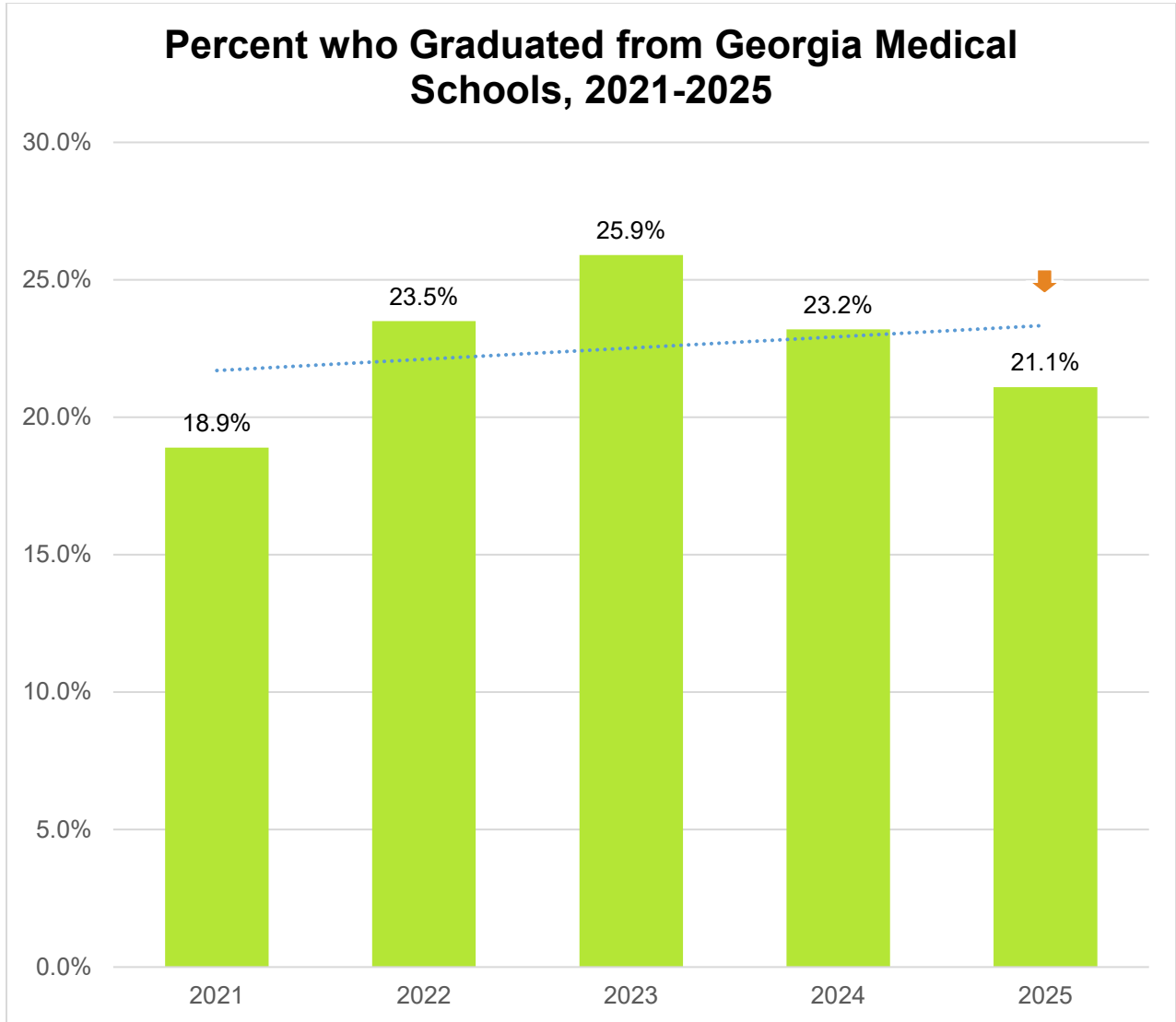
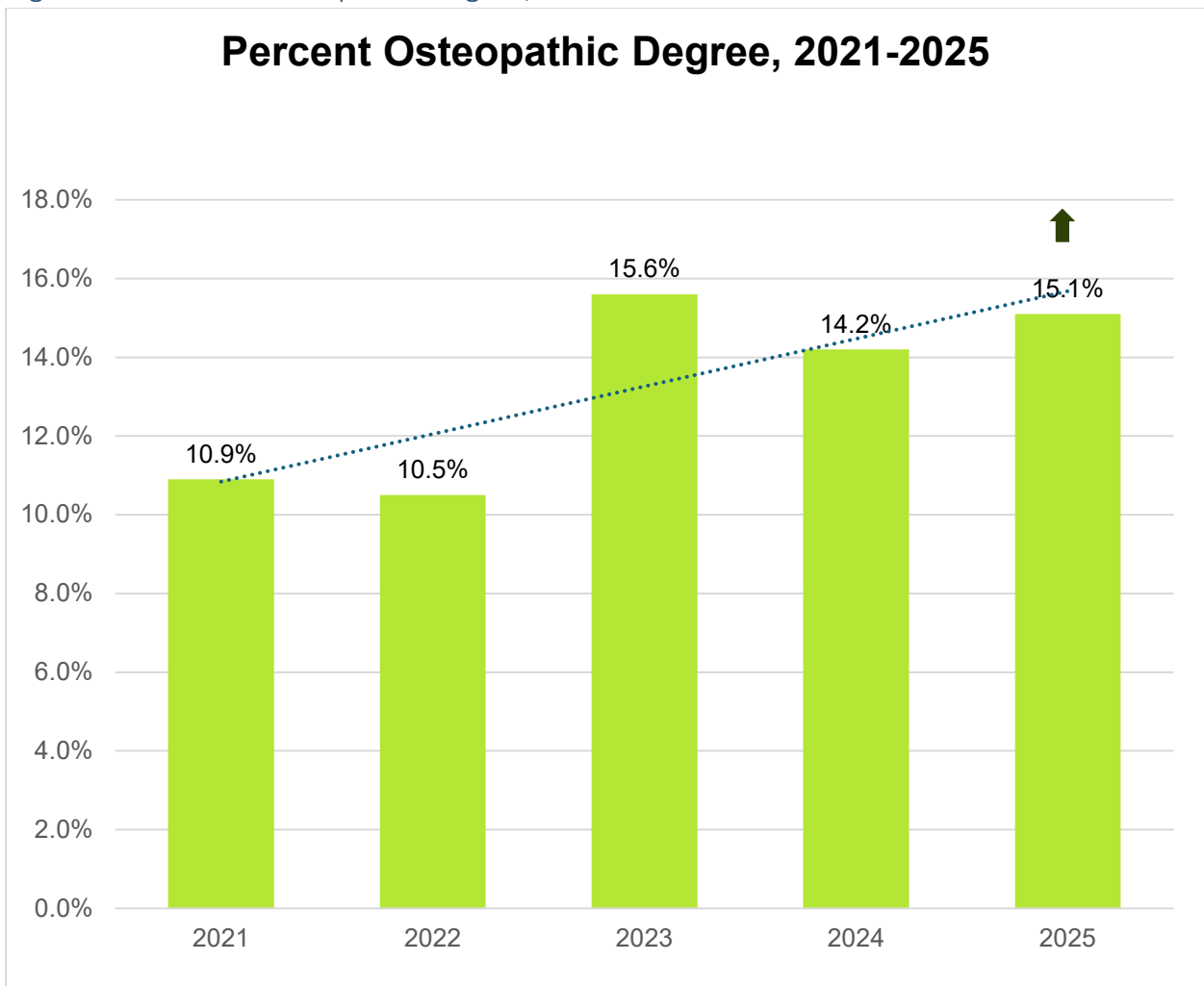


Table 8: Degree Type, 2025

Degree Type	Frequency	Percent
Allopathic (MD)	845	84.9%
Osteopathic (DO)	150	15.1%
Total	995	100.0%

Figure 12: Percent Osteopathic Degree, 2021-2025



Medical School Graduates Planning to Remain in State after Graduation

Figures 13 and 14 highlight the percentage of both Georgia and non-Georgia medical school graduates (respectively) who are planning to remain in Georgia after graduation.

Figure 13: Percent of Georgia Medical School Graduates Planning to Remain In-State after Graduation, 2021-2025

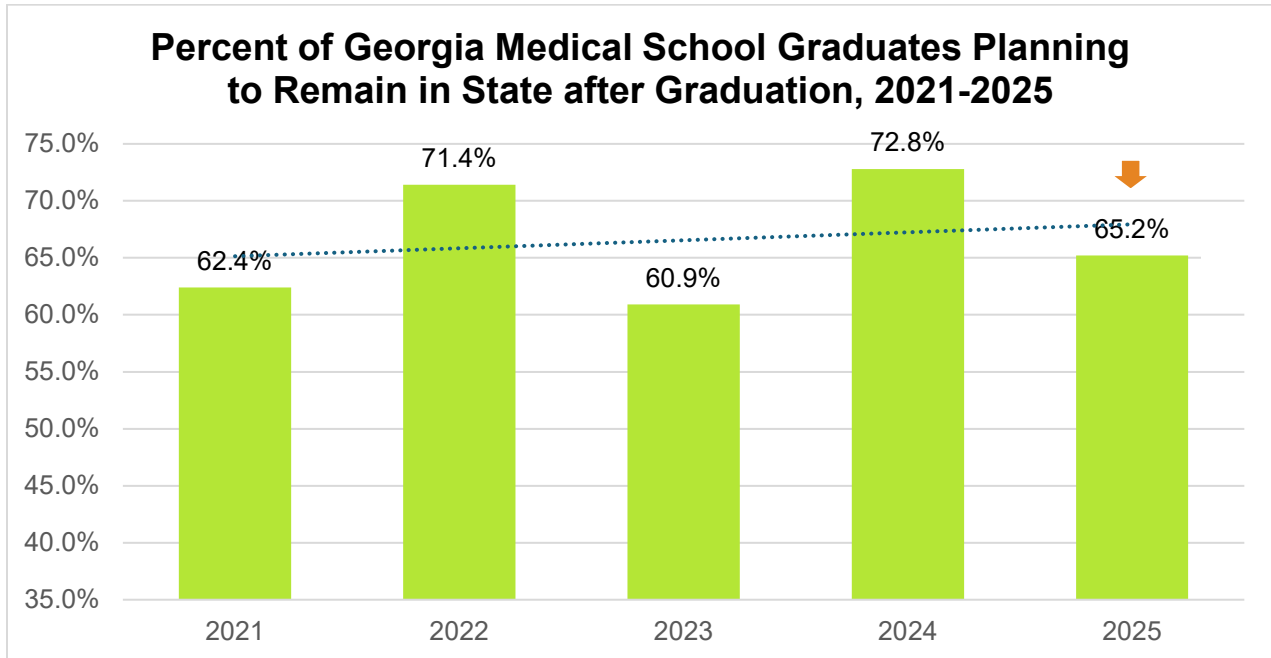
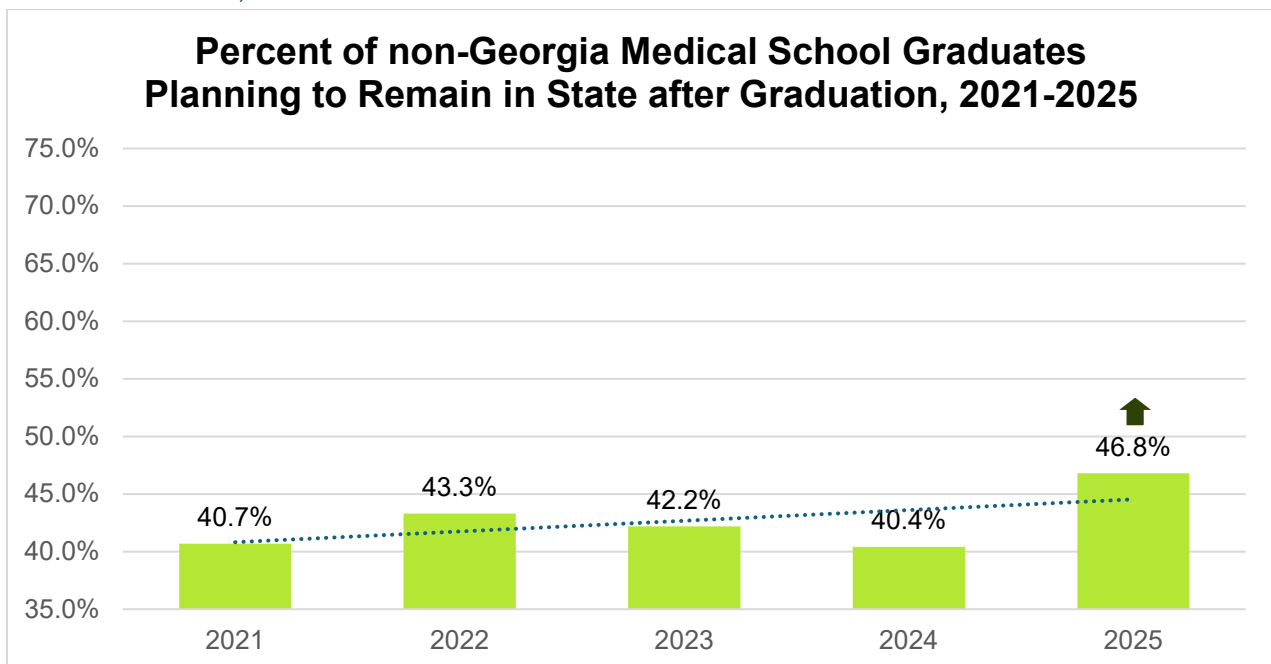


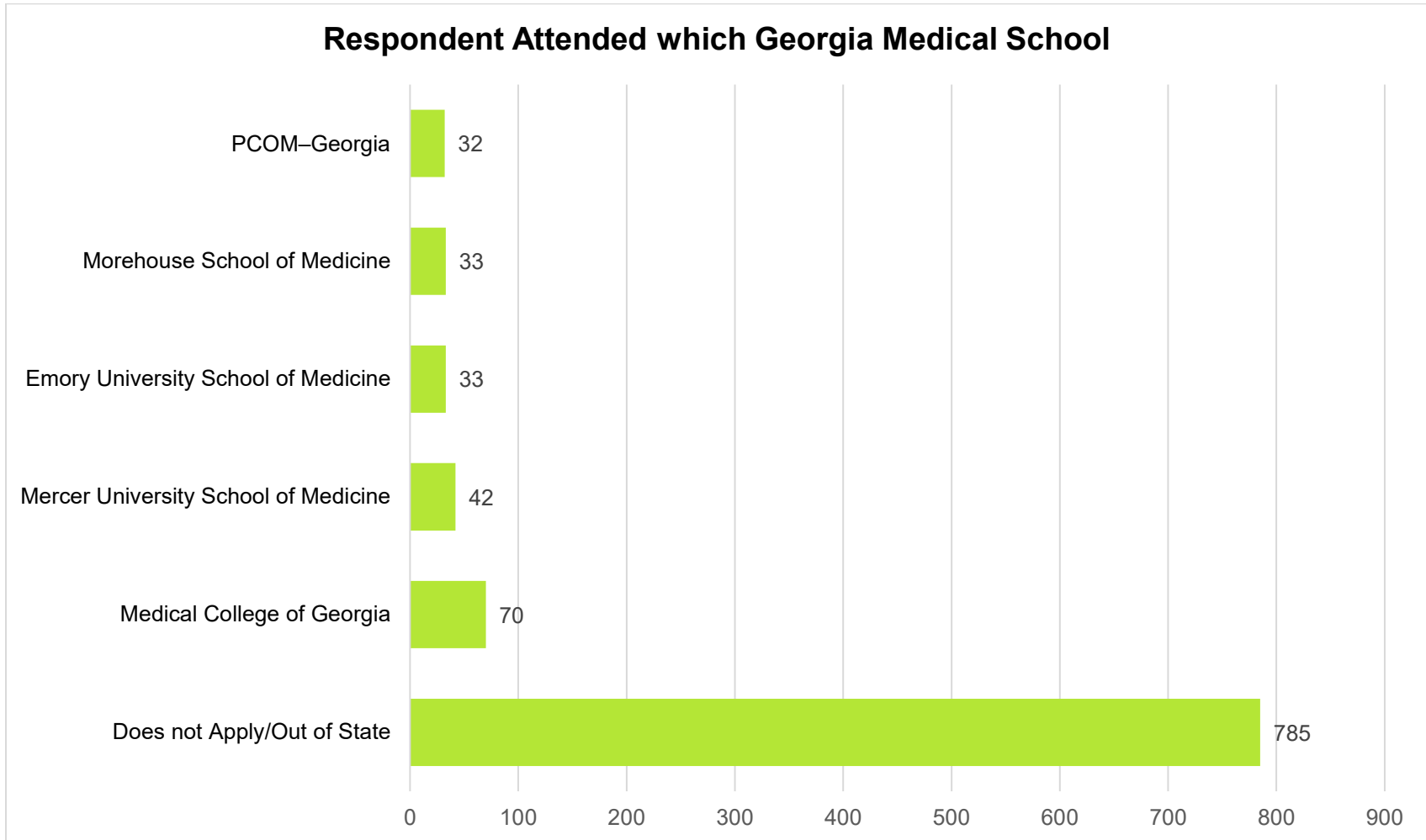
Figure 14: Percent of non-Georgia Medical School Graduates Planning to Remain In-State after Graduation, 2021-2025



Respondent Attended Which Georgia Medical School

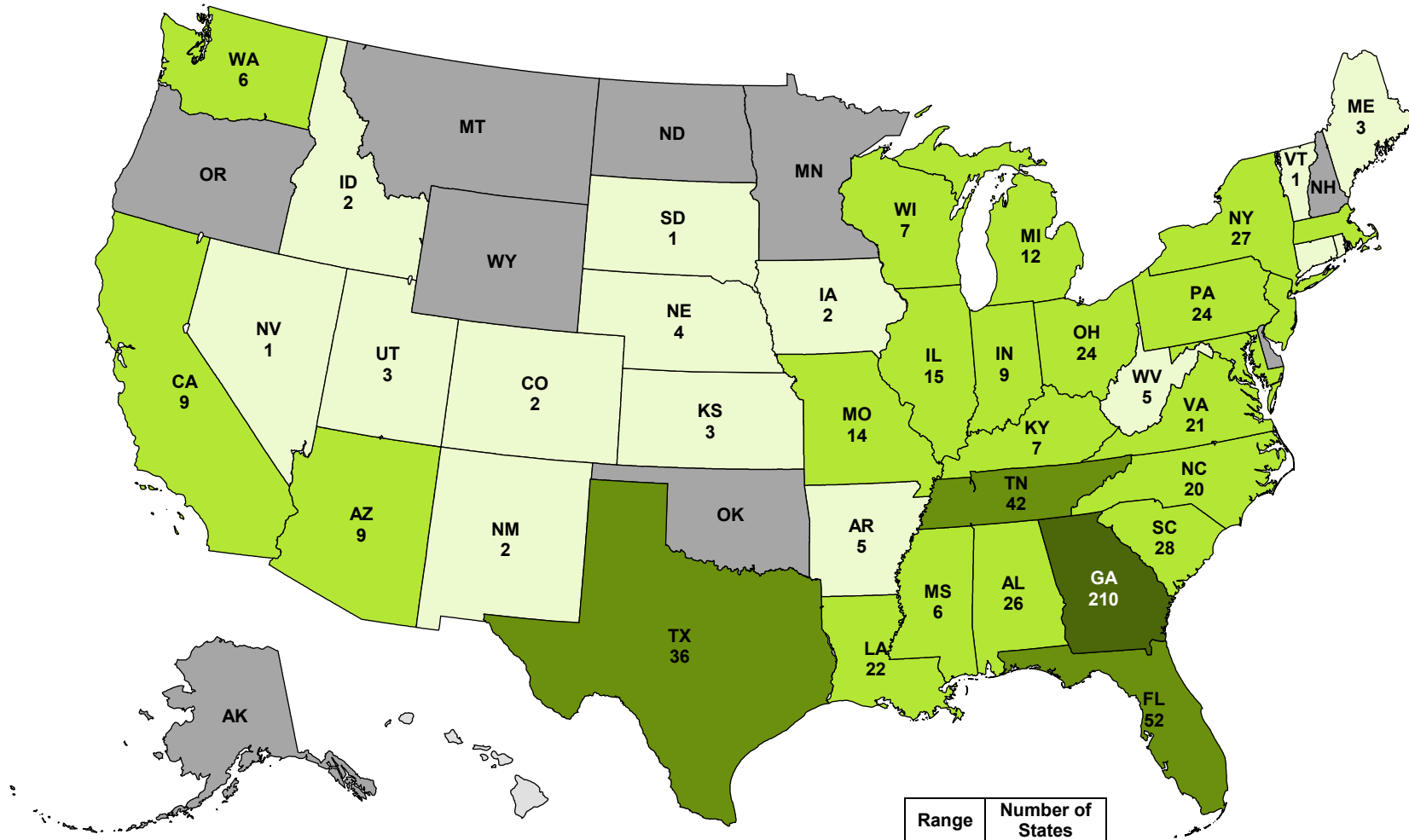
Figure 15 shows the number of respondents who graduated from each of Georgia’s medical schools.

Figure 15: Respondent Attended which Georgia Medical School, 2025



Map 1: Respondents' Medical School Location, 2025

Respondents' Medical School Location



Other Countries	153
Offshore Island/ Caribbean	141

Range	Number of States
0	11
1-5	15
6-30	21
31-55	3
210	1

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Specialty and Intended Practice Location by Medical School Location

Table 9 and Figures 16, 17, 18, 19, 20, 21, and 22 provide an overview of the location of medical schools attended by respondents, their specialties, and their planned practice locations.

Table 9: Medical School Location: Specialties of Graduates and Intended Practice Location, 2025

Specialty	Total Graduates	Medical School Location				Plans after Graduation		
		Georgia	Other State	Offshore/ Caribbean	Other Country	Staying in Georgia after Completion	Going out of State after Completion	Going out of the Country after Completion
Internal Medicine	246	63	77	52	54	120	124	2
Family Medicine	112	22	35	45	10	72	38	2
Emergency Medicine	65	11	45	5	4	39	24	2
Pediatrics	45	11	27	6	1	26	19	0
General Surgery	42	9	26	4	3	11	29	2
OB/GYN	29	12	16	1	0	14	15	0
Psychiatry	24	8	13	1	2	10	14	0
Primary Care/Core Subtotal	563	136	239	114	74	292	263	8
All Other Specialties	432	74	252	27	79	212	218	2
Grand Total	995	210	491	141	153	504	481	10

Figure 16: Medical School Location of Internal Medicine Graduates, 2025

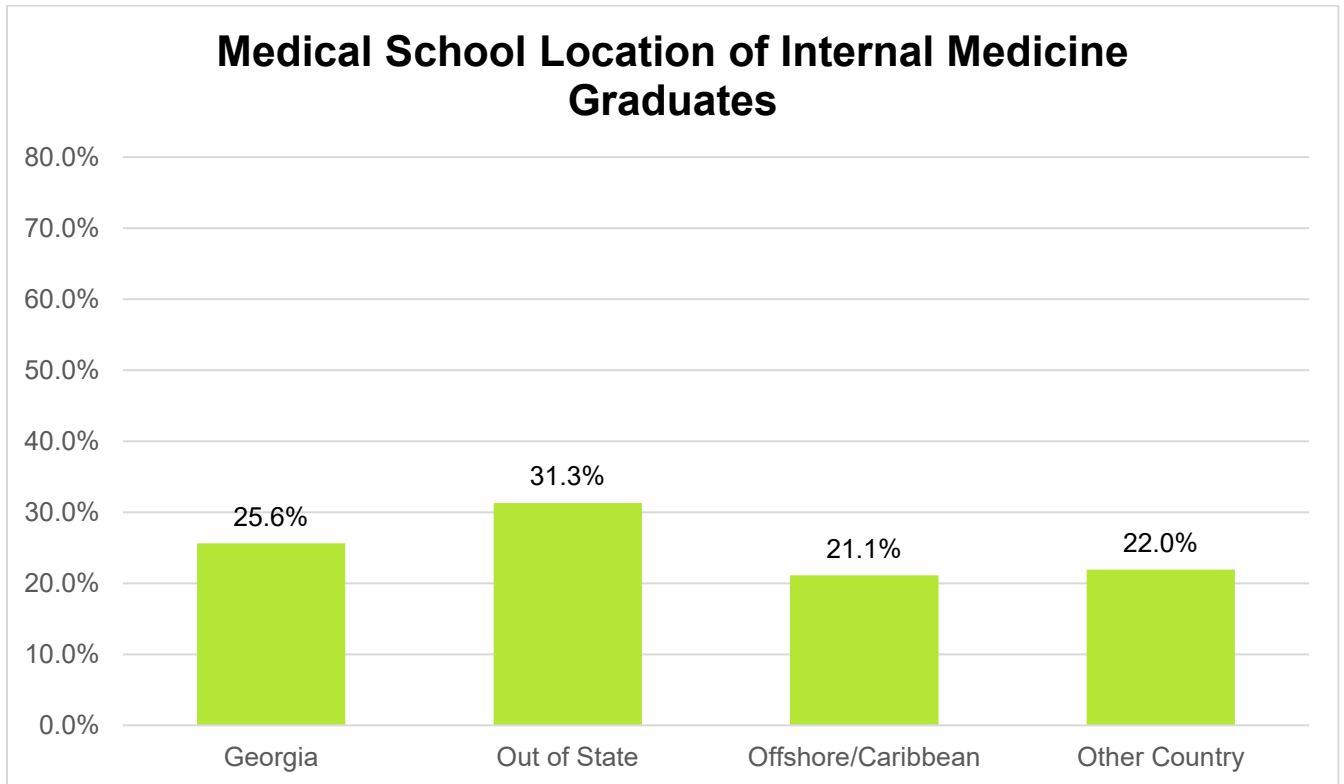


Figure 17: Medical School Location of Family Medicine Graduates, 2025

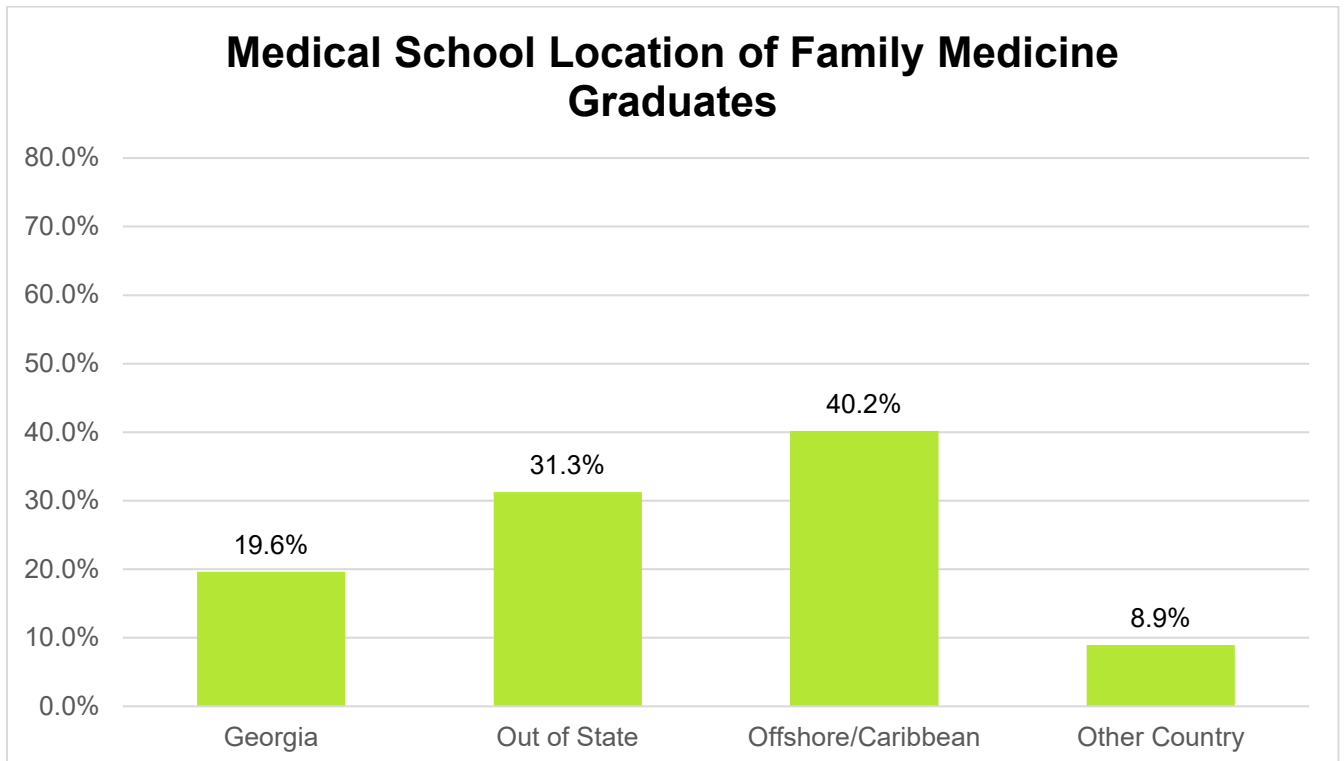


Figure 18: Medical School Location of Emergency Medicine Graduates, 2025

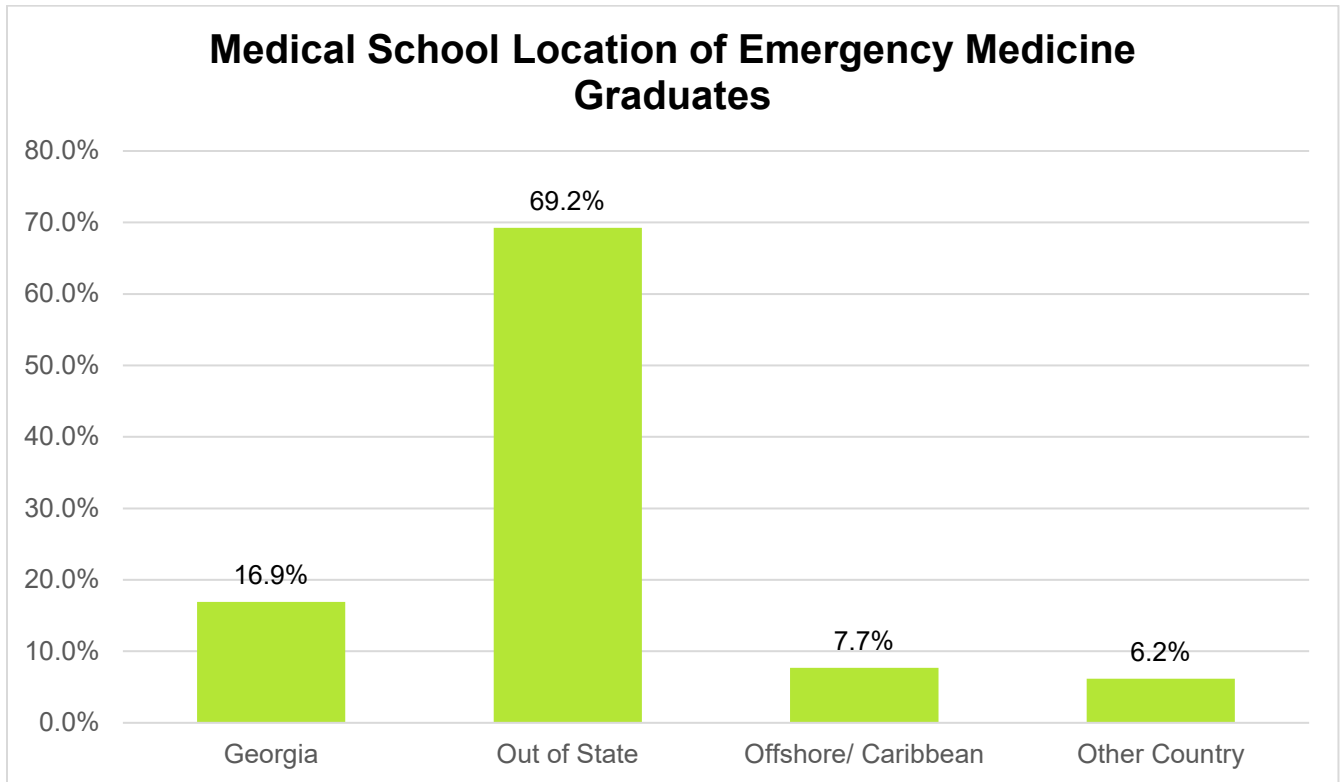


Figure 19: Medical School Location of Pediatrics Graduates, 2025

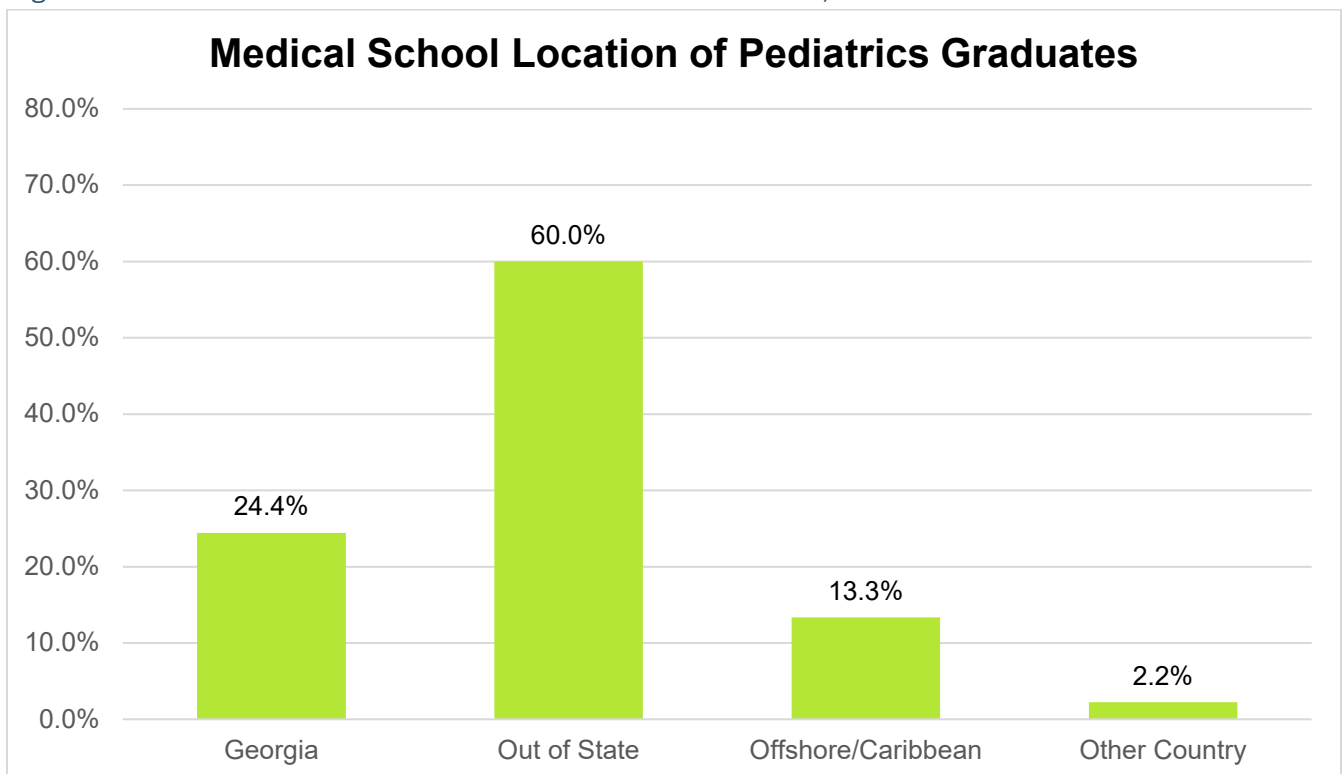


Figure 20: Medical School Location of General Surgery Graduates, 2025

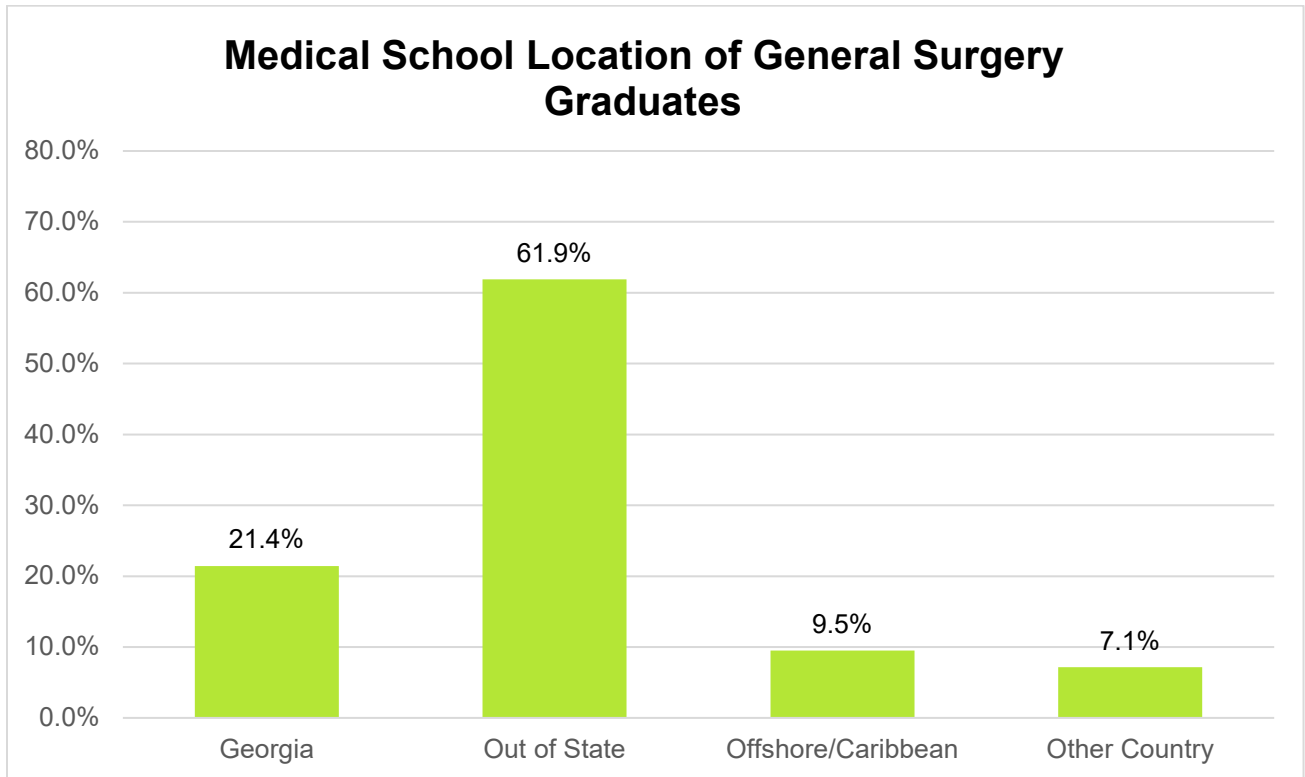


Figure 21: Medical School Location of OB/GYN Graduates, 2025

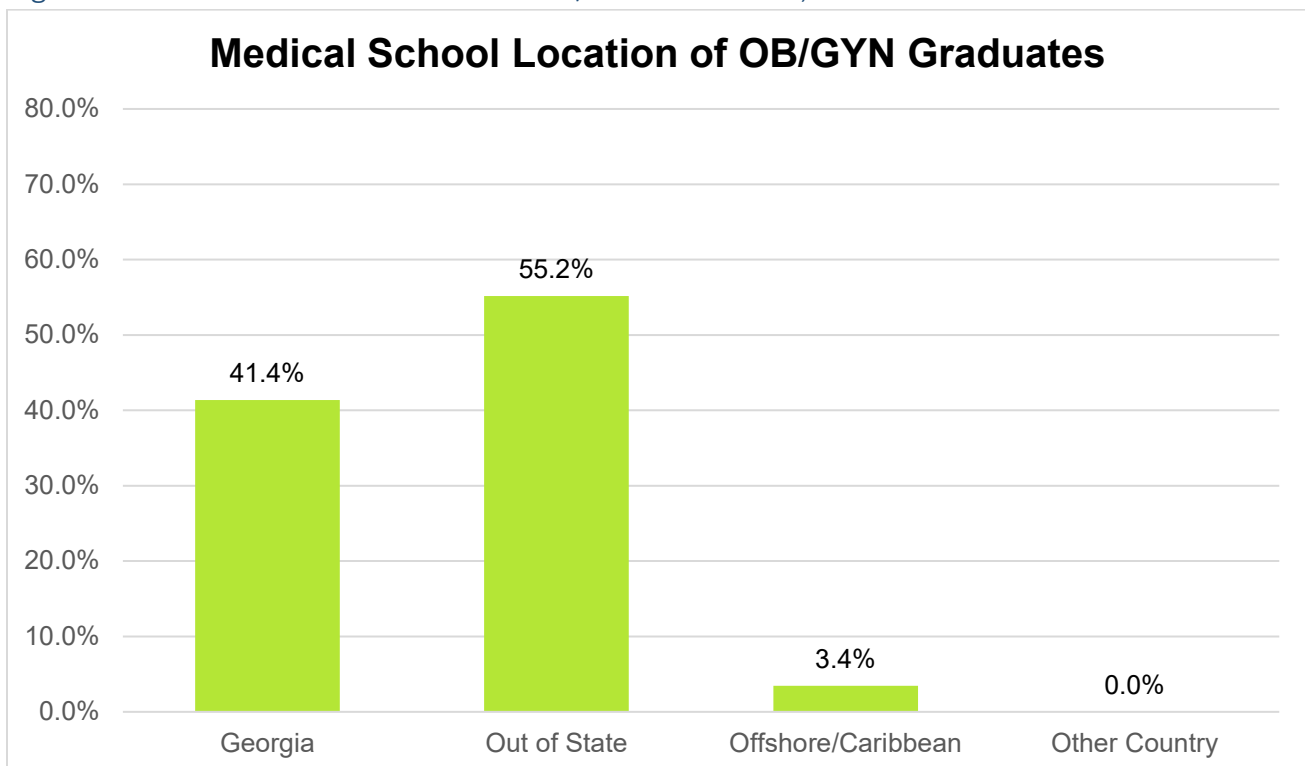
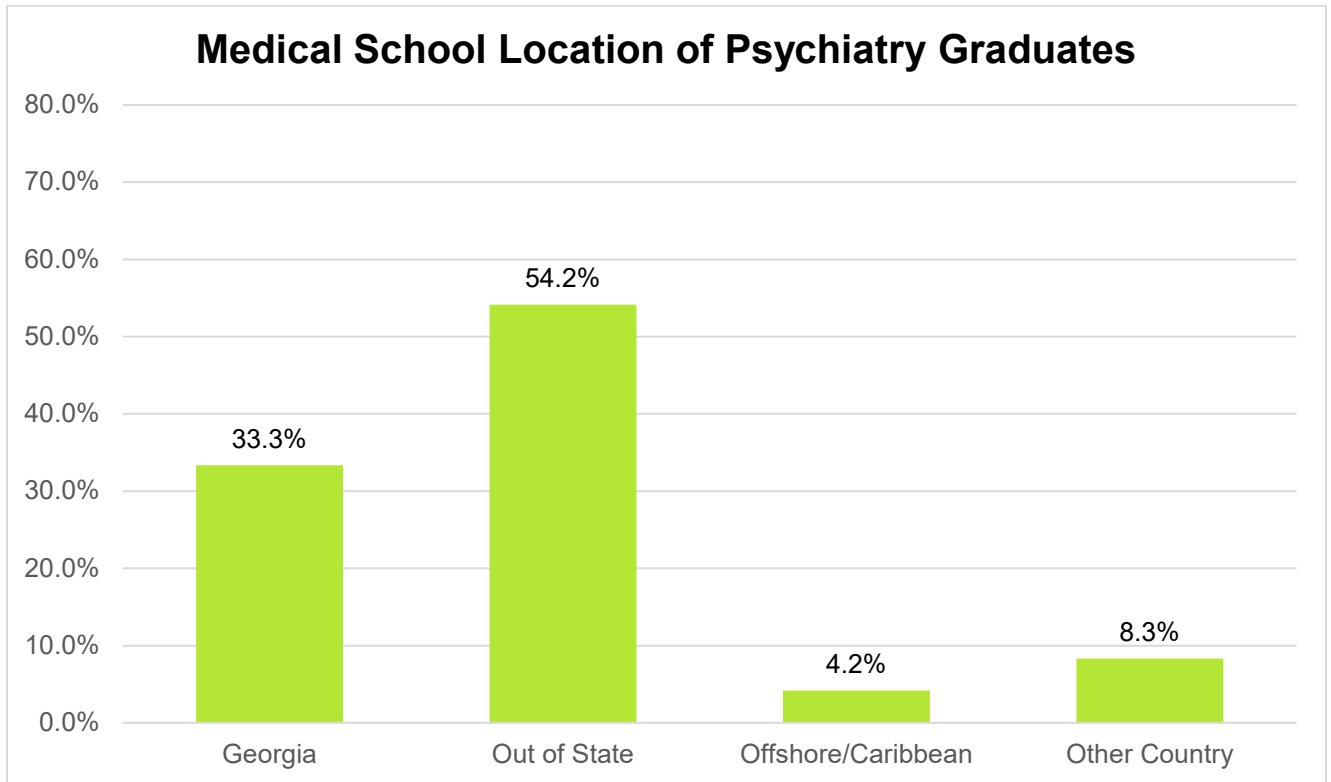


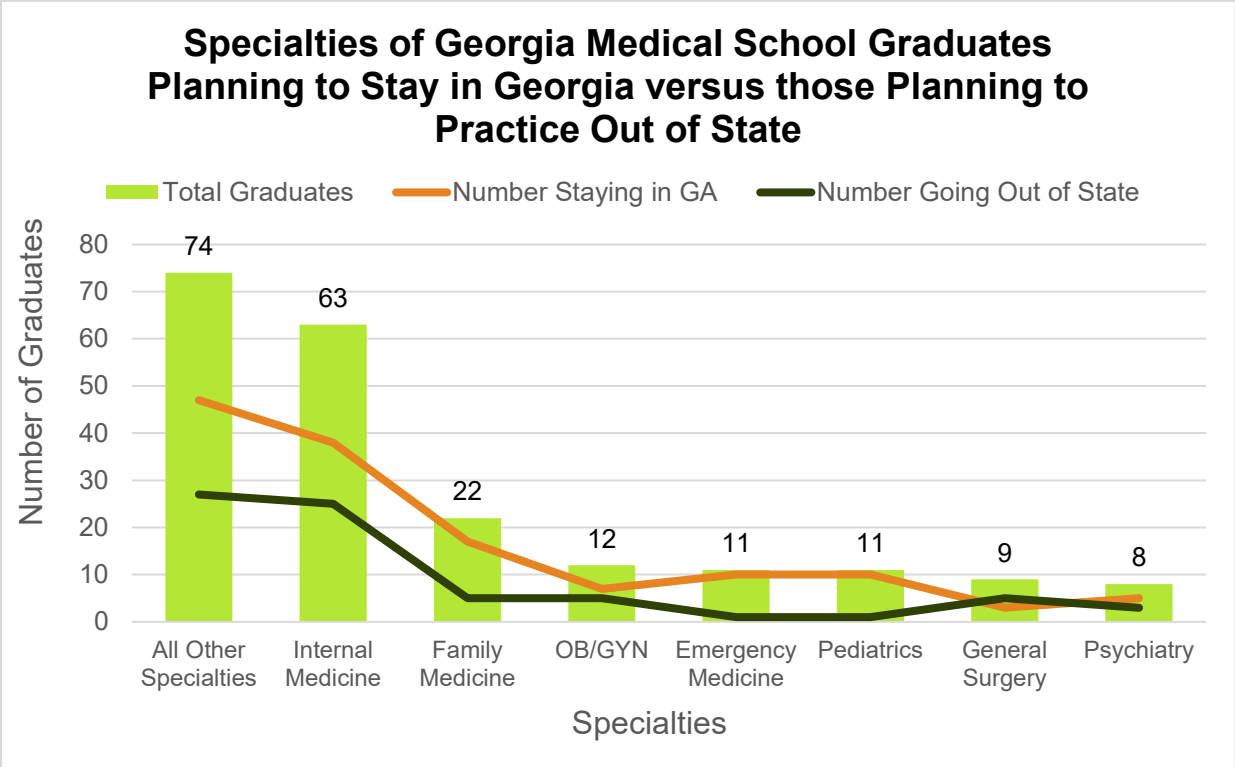
Figure 22: Medical School Location of Psychiatry Graduates, 2025



Specialties of Medical School Graduates Planning to Stay in Georgia Versus Those Planning to Practice Out of State

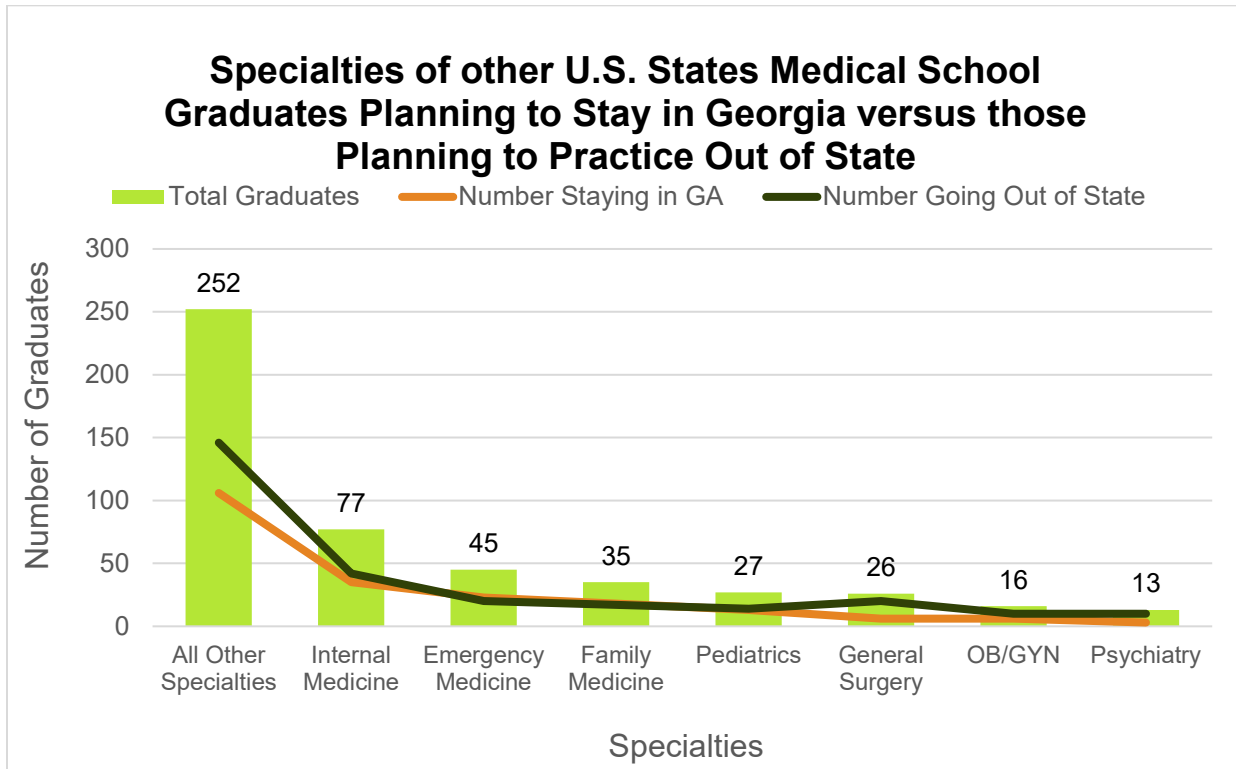
Figures 23, 24, 25, and 26 break out this year’s Georgia GME Exit Survey respondents by where they completed medical school: Georgia, other U.S. States, other countries, and offshore/Caribbean, respectively. The figures show total graduates and the number intending to remain in Georgia or go out of state to practice by the specialty they’re completing in 2025.

Figure 23: Specialties of Georgia Medical School Graduates Planning to Stay in Georgia versus those Planning to Practice Out of State, 2025



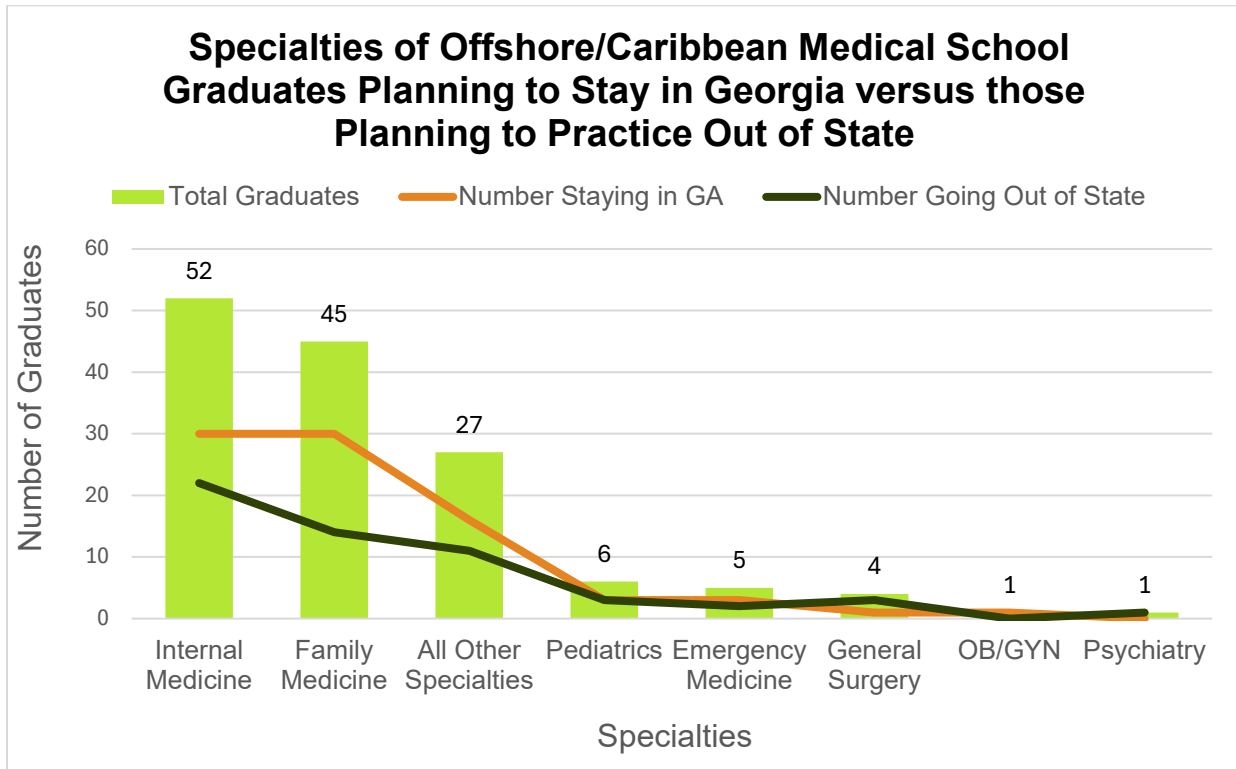
Note: A total of 210 respondents attended Georgia Medical School, and two respondents in General Surgery intend to practice outside the country.

Figure 24: Specialties of other U.S. States Medical School Graduates Planning to Stay in Georgia versus those Planning to Practice Out of State, 2025



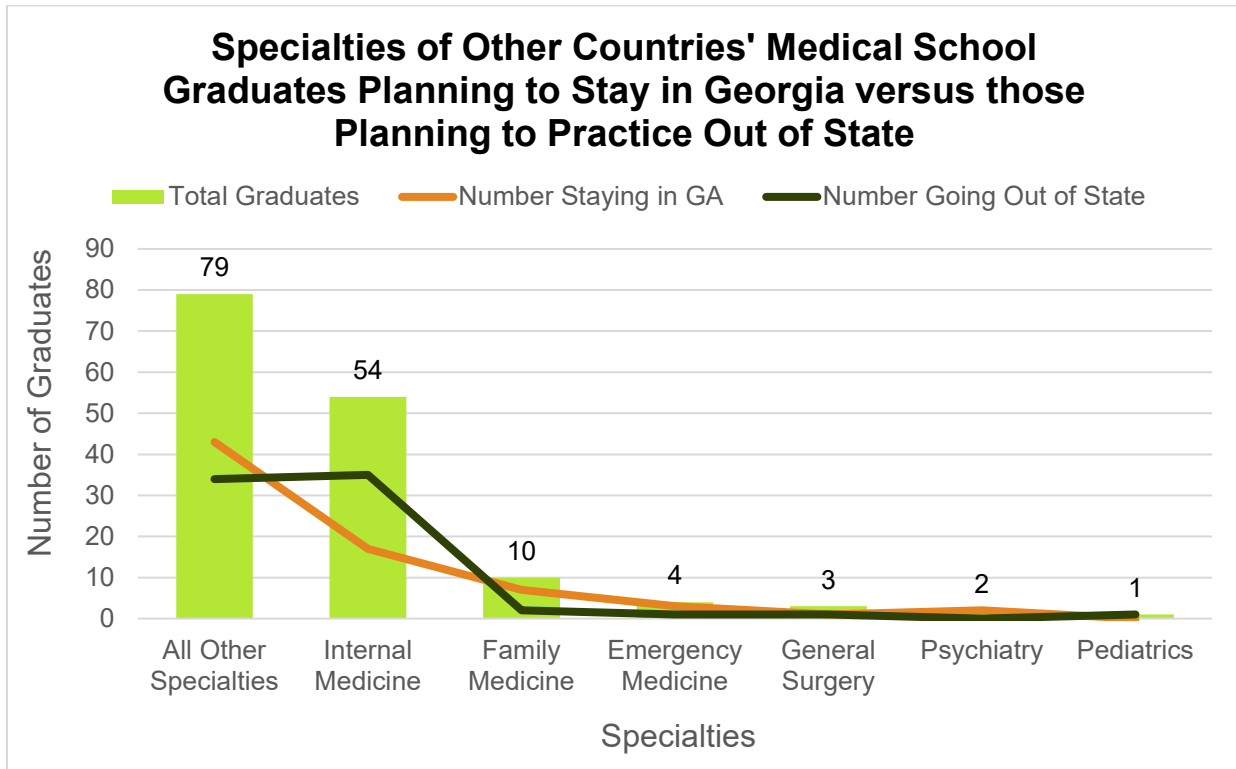
Note: A total of 491 respondents attended medical school in other U.S. States, and two respondents in Internal Medicine intend to practice outside the country.

Figure 25: Specialties of Offshore/Caribbean Medical School Graduates Planning to Stay in Georgia versus those Planning to Practice Out of State, 2025



Note: A total of 141 respondents attended an offshore/Caribbean medical school, and two respondents in family medicine intend to practice outside the country.

Figure 26: Specialties of Other Countries' Medical School Graduates Planning to Stay in Georgia versus those Planning to Practice Out of State, 2025

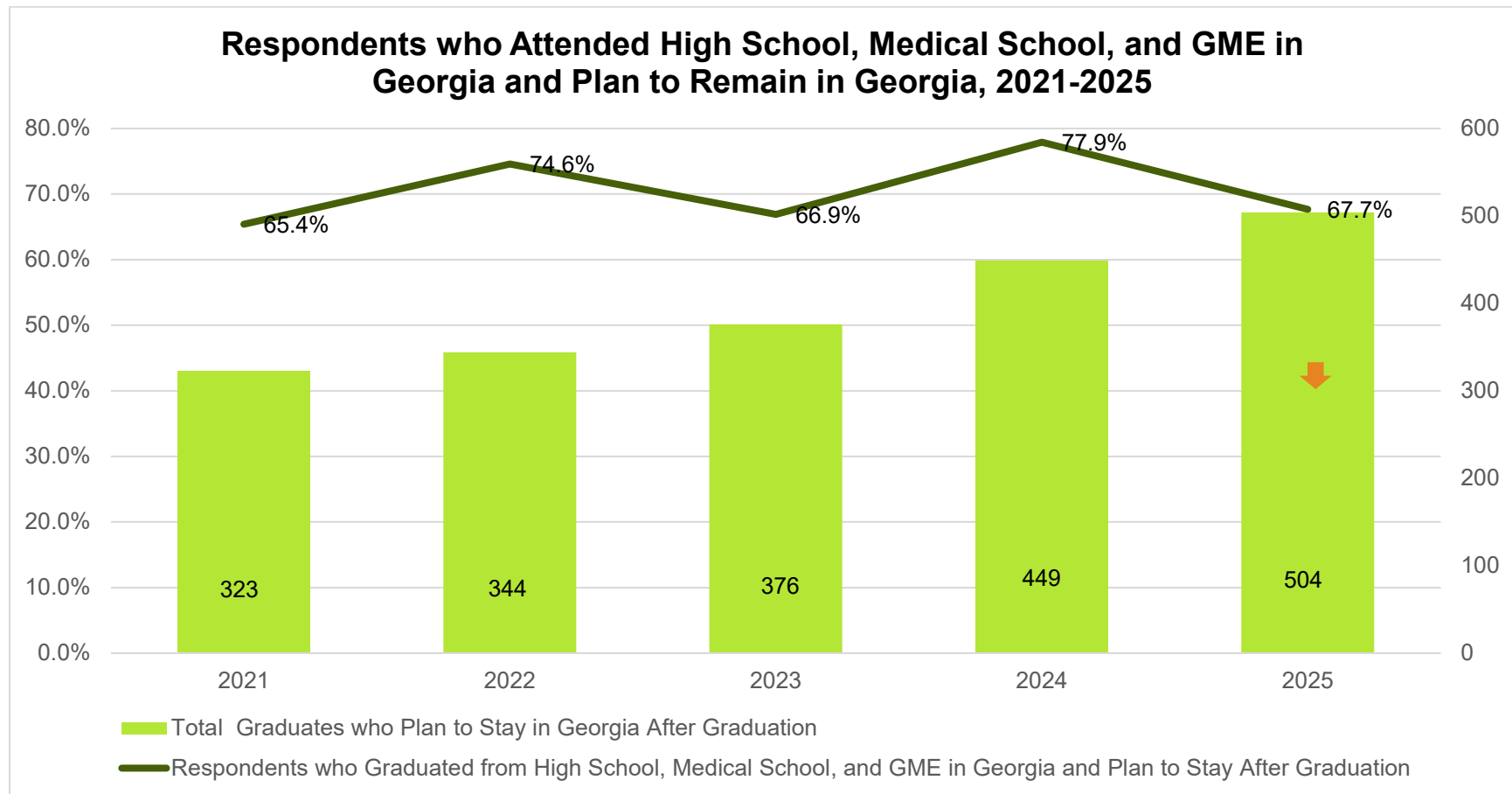


Note: A total of 153 respondents attended medical school in other countries, and 6 respondents intend to practice outside the country: 2 in internal medicine, 1 in family medicine, 1 in general surgery, and 4 in all other specialties.

Respondents who Graduated from High School, Medical School, and GME in Georgia and Plan to Stay in Georgia after Graduation

Figure 27 displays the yearly trend in the number of respondents planning to stay in Georgia after graduation, for those who attended high school, medical school, and GME in Georgia, from 2021 to 2025.

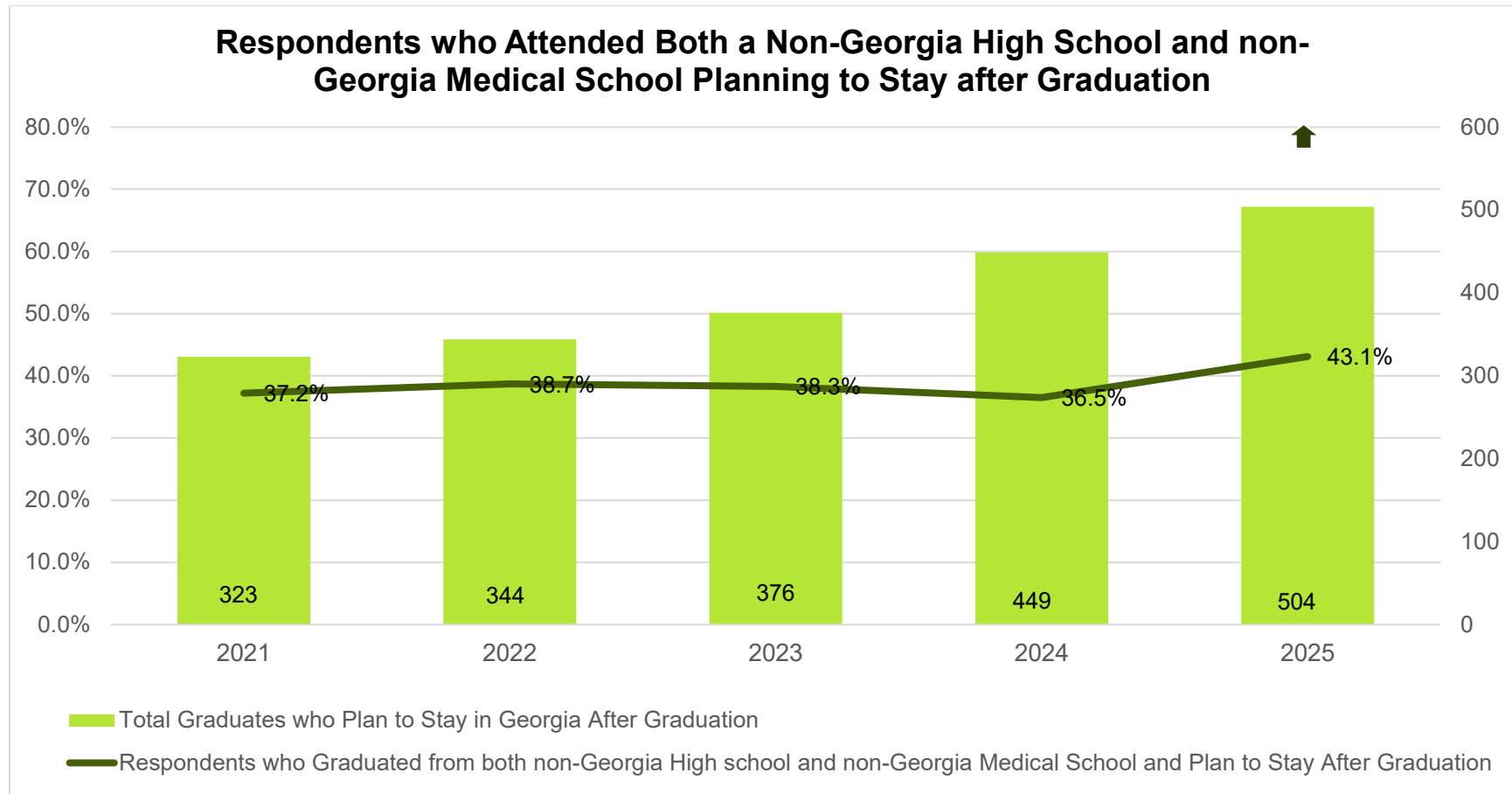
Figure 27: Respondents who Attended High School, Medical School, and GME in Georgia and Plan to Remain in Georgia, 2021-2025



Respondents who Graduated from a non-Georgia High School and Medical School and Plan to Stay in Georgia after Graduation

The chart in Figure 28 displays the yearly trend from 2021 to 2025 in the number of respondents planning to stay in Georgia after graduation, for those who attended both a non-Georgia high school and non-Georgia medical school.

Figure 28: Respondents who Attended Both a Non-Georgia High and Medical School Plan to Remain in Georgia, 2021-2025



Education: Resident and Fellow Distribution

Table 10 and Figures 29 and 30 present the geographic origins of respondents, both residents and fellows, based on where they attended high school and medical school across four regions: Georgia, Other U.S. States, Other Countries, and Offshore/Caribbean.

Table 10: Distribution of Residents and Fellows by Education Location, 2025

Graduate Type	Georgia		Other States		Other Country		Offshore / Caribbean	
	High School	Medical School	High School	Medical School	High School	Medical School	High School	Medical School
Resident	215	171	375	326	115	91	-	117
Fellow	49	39	184	165	57	62	-	24
Total	264	210	559	491	172	153	-	141

Figure 29: Location of High School: Residents vs Fellows

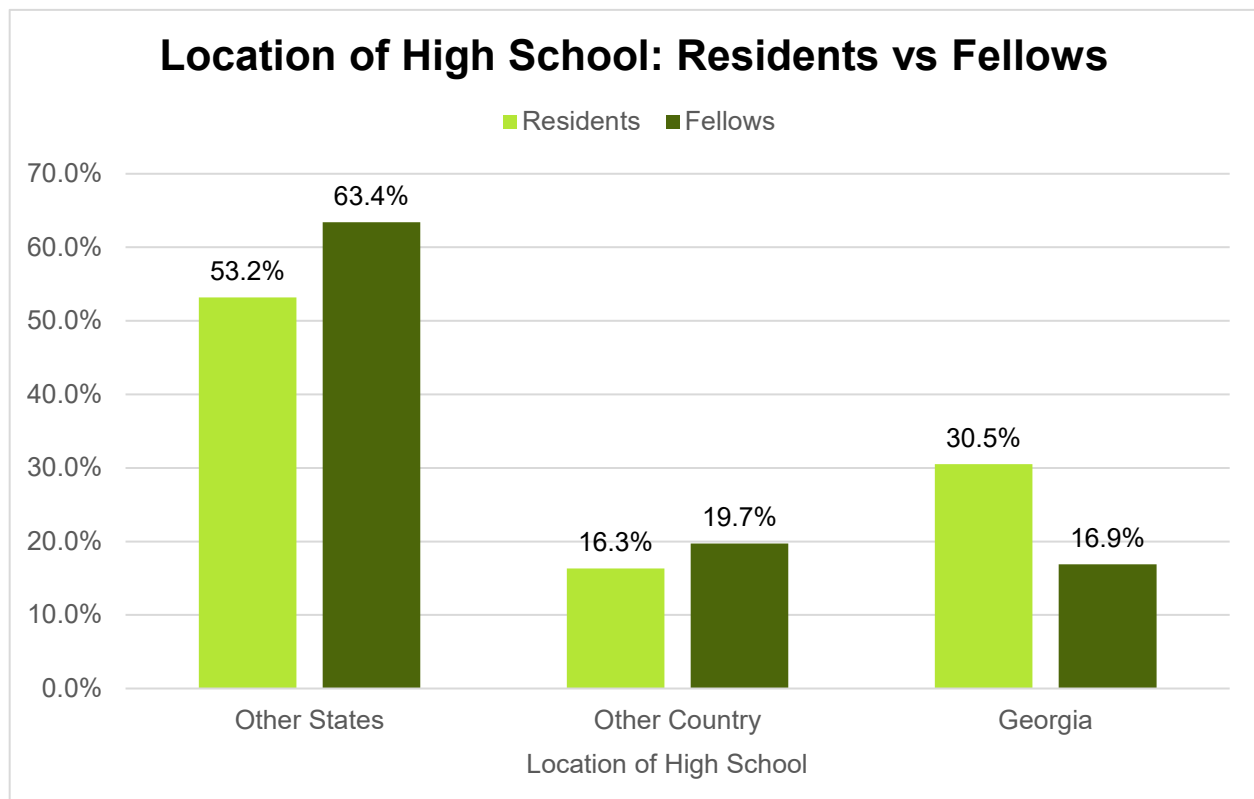
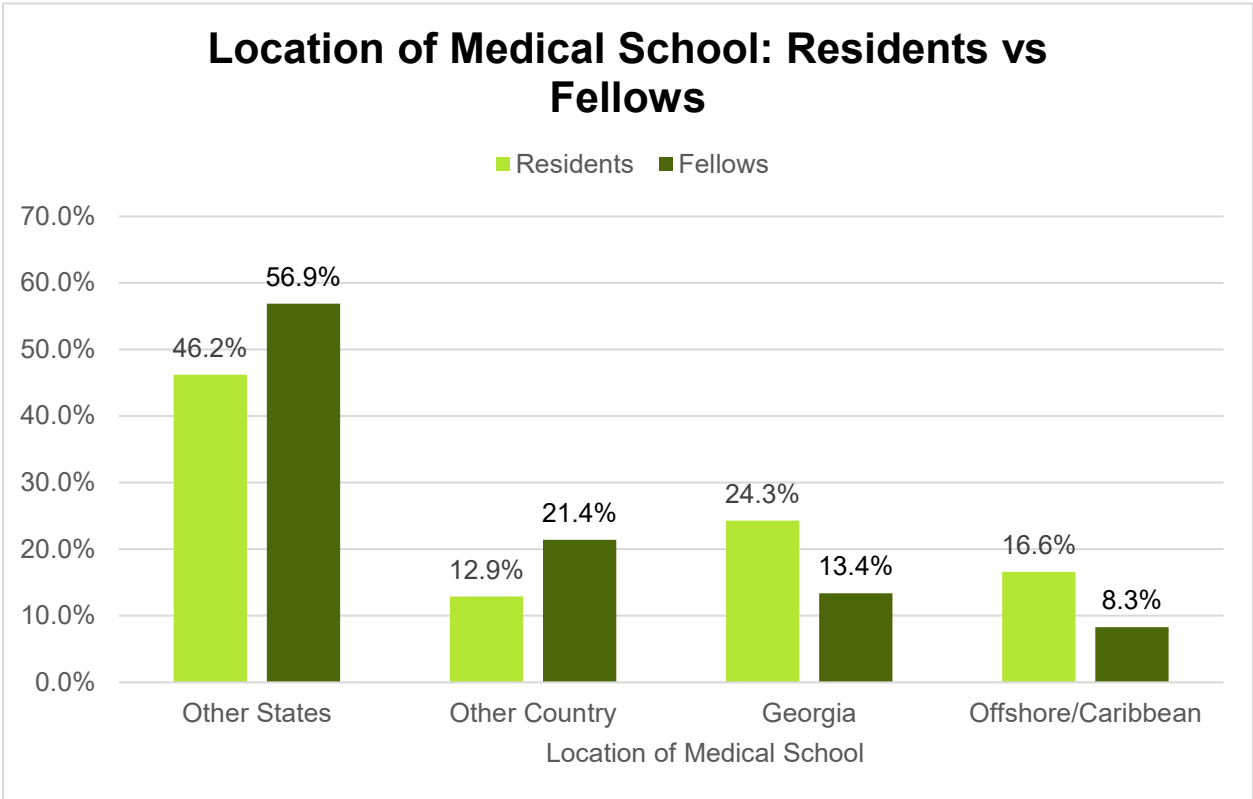


Figure 30: Location of Medical School: Residents vs Fellows



Financial Information

Tables 11 and 12, along with Figures 31 and 32, provide an overview of educational debt across specialties, detailing both mean and median amounts. Figure 30 also illustrates a five-year trend in the percentage of respondents reporting no educational debt.

Table 11: Education Debt, 2025

Current Level of Education Debt	Frequency	Percent
\$0	317	32.0%
Less than \$100,000	86	8.7%
\$100,000-\$199,999	136	13.7%
\$200,000-\$299,999	205	20.7%
\$300,000-\$399,999	147	14.8%
\$400,000-\$499,999	75	7.6%
\$500,000 or Greater	25	2.5%
Total	991	100.0%

Table 12: Current Level of Education Debt by Specialty, 2025

Specialty	Mean Debt (\$)	Median Debt (\$)
Internal Medicine	238,517	208,000
Family Medicine	257,611	255,000
Emergency Medicine	247,954	255,000
Pediatrics	230,316	232,500
General Surgery	210,000	225,000
OB/GYN	209,600	231,000
Psychiatry	221,849	201,000
All Other Specialties	242,454	227,000
Overall Average	232,288	229,000

Figure 31: Current Level of Education Debt, 2025

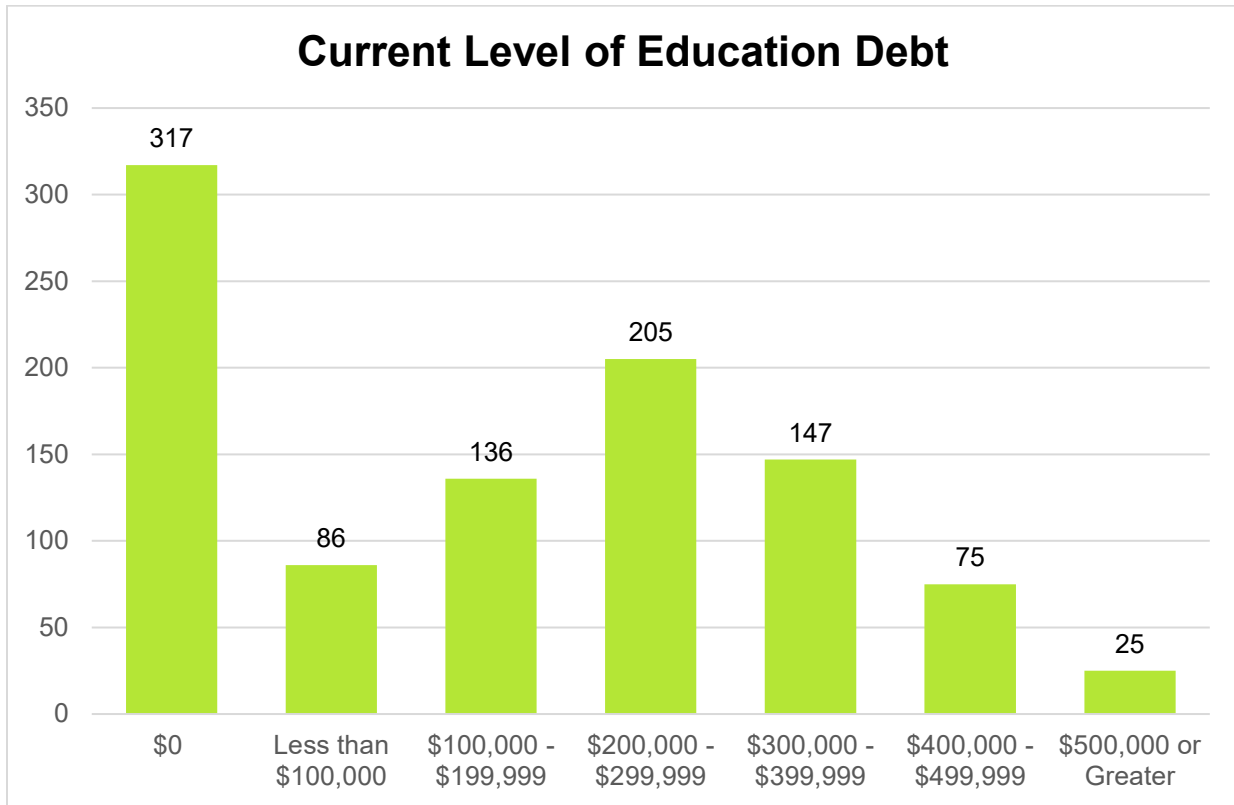


Figure 32: Percent Having no Education Debt, 2021-2025

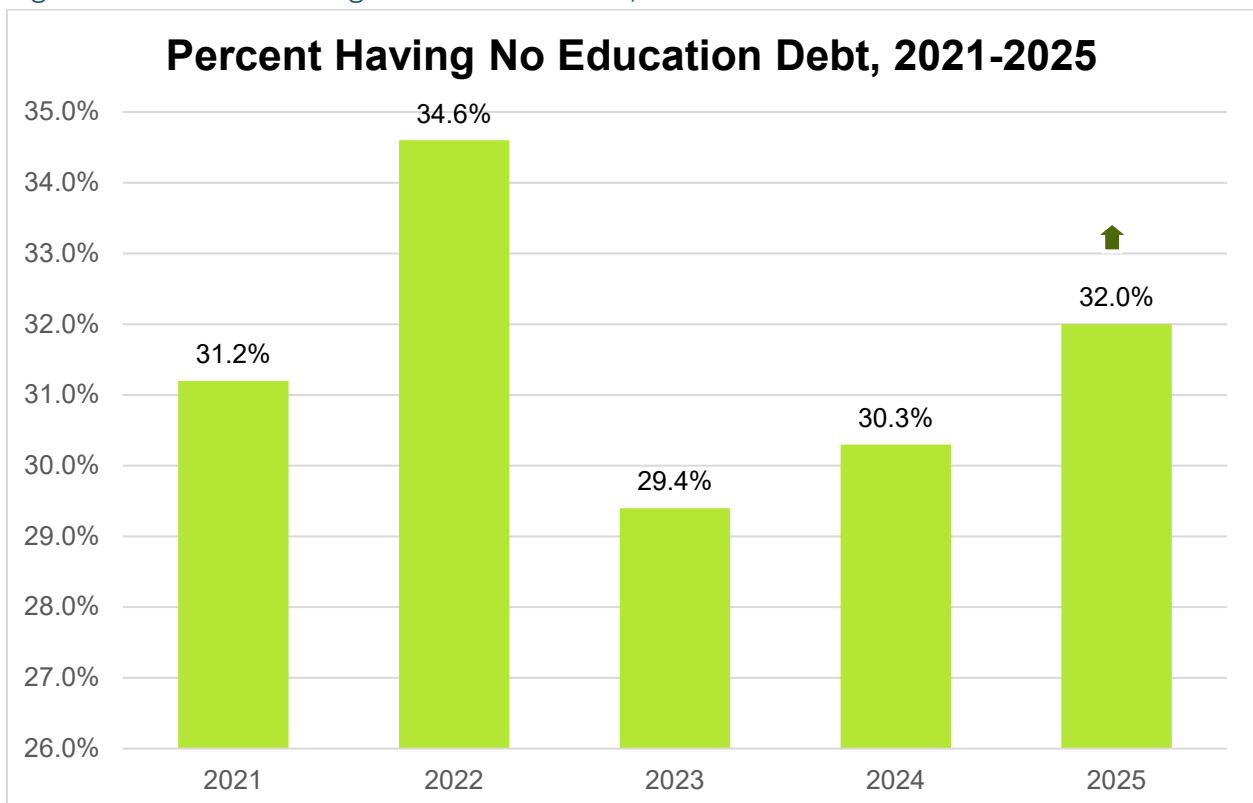
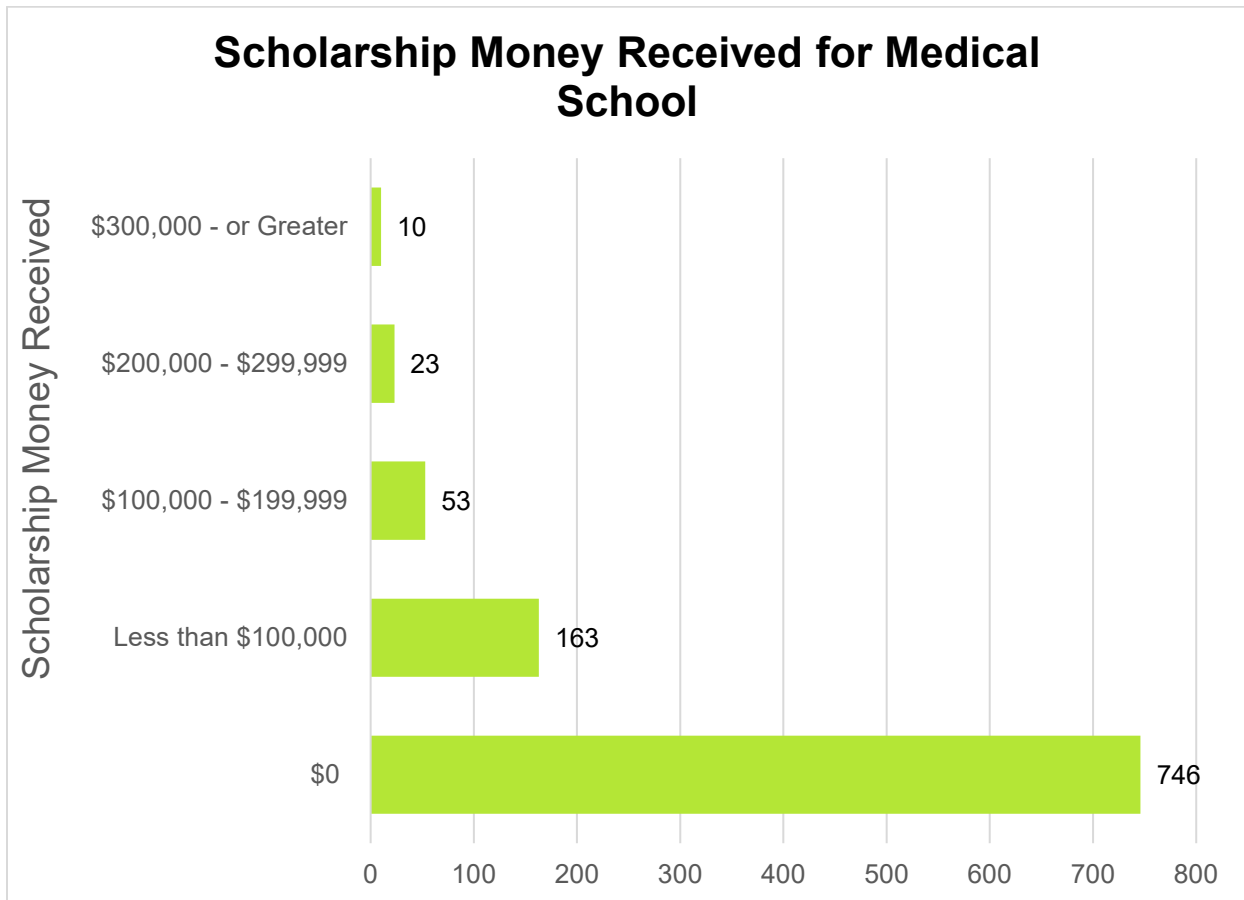


Table 13: Total Scholarship Money Received for Medical School, 2025

Scholarship Money Received for Medical School	Frequency	Percent
\$0	746	75.0%
Less than \$100,000	163	16.4%
\$100,000 - \$199,999	53	5.3%
\$200,000-\$299,999	23	2.3%
\$300,000 or Greater	10	1.0%
Total	995	100.0%

Figure 33: Total Scholarship Money Received for Medical School



Expected Gross Income in First Year of Practice

Tables 14 and 15, along with Figure 34, display the expected first-year gross income across specialties, including both mean and median values.

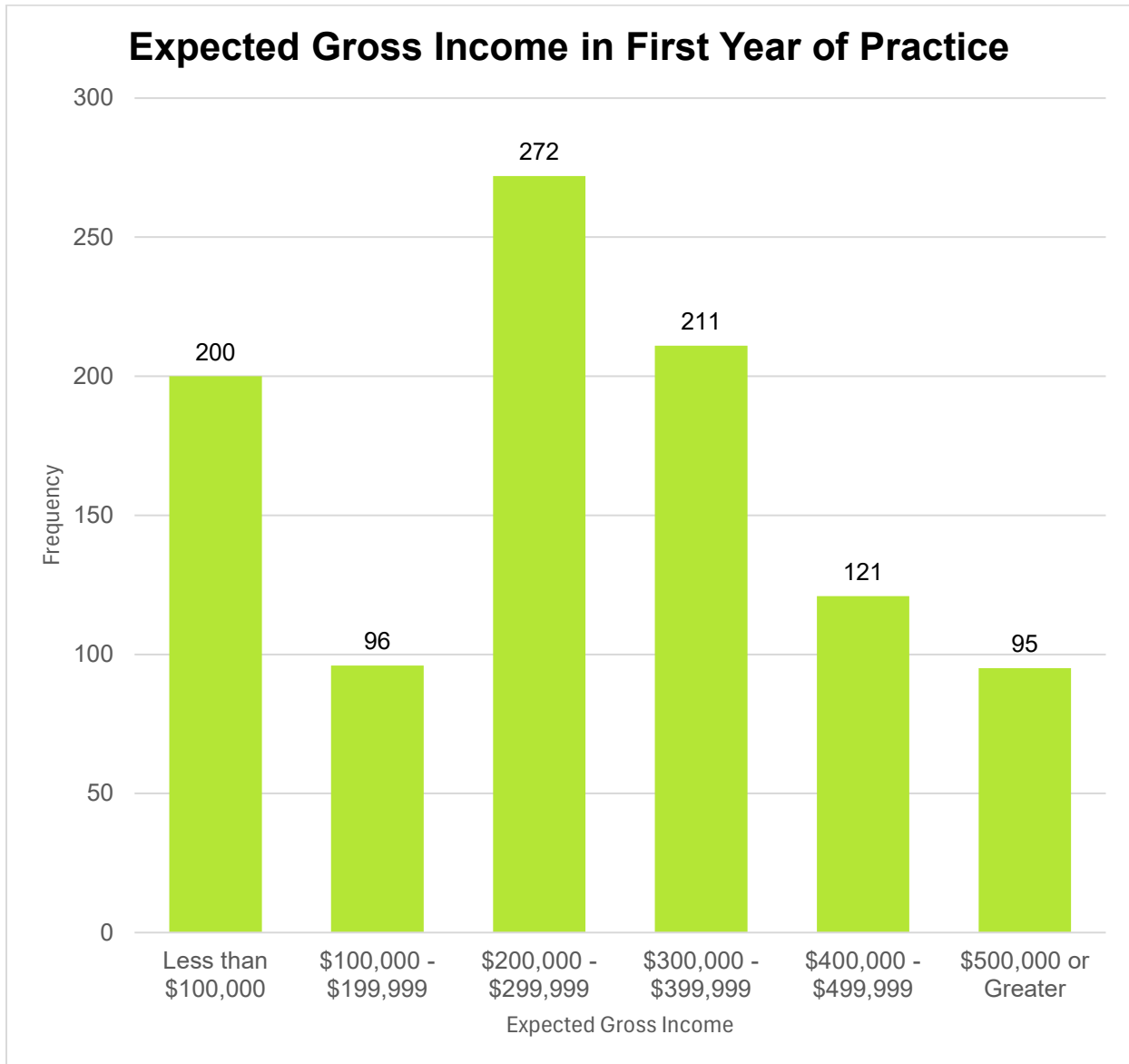
Table 14: Expected Gross Income in First Year of Practice, 2025

Expected Gross Income in First Year of Practice	Frequency	Percent
Less than \$100,000	200	20.1%
\$100,000-\$199,999	96	9.6%
\$200,000-\$299,999	272	27.3%
\$300,000-\$399,999	211	21.2%
\$400,000-\$499,999	121	12.2%
\$500,000 or Greater	95	9.5%
Total	995	100.0%

Table 15: Expected Gross Income in First Year of Practice by Specialty, 2025

Specialty	Mean Income (\$)	Median Income (\$)
Internal Medicine	218,604	207,500
Family Medicine	236,138	260,000
Emergency Medicine	250,813	260,000
Pediatrics	157,341	170,000
General Surgery	237,000	150,000
OB/GYN	209,600	231,000
Psychiatry	226,723	253,000
All Other Specialties	303,964	267,500
Overall Average	230,023	242,000

Figure 34: Expected Gross Income in First Year of Practice, 2025



Practice Information

Table 16: Top 5 intended Primary Activities after Current Year of Training, 2025

Top 5 Intended Primary Activities after Current Year of Training	Frequency	Percent
Patient care/clinical practice	634	65.0%
Additional subspecialty training or fellowship	277	28.4%
Chief Resident	36	3.7%
Undecided	15	1.5%
Teaching/research	13	1.3%
Total	975	100.0%

Figure 35: Top 5 Intended Primary Activities After Current Year of Training, 2025

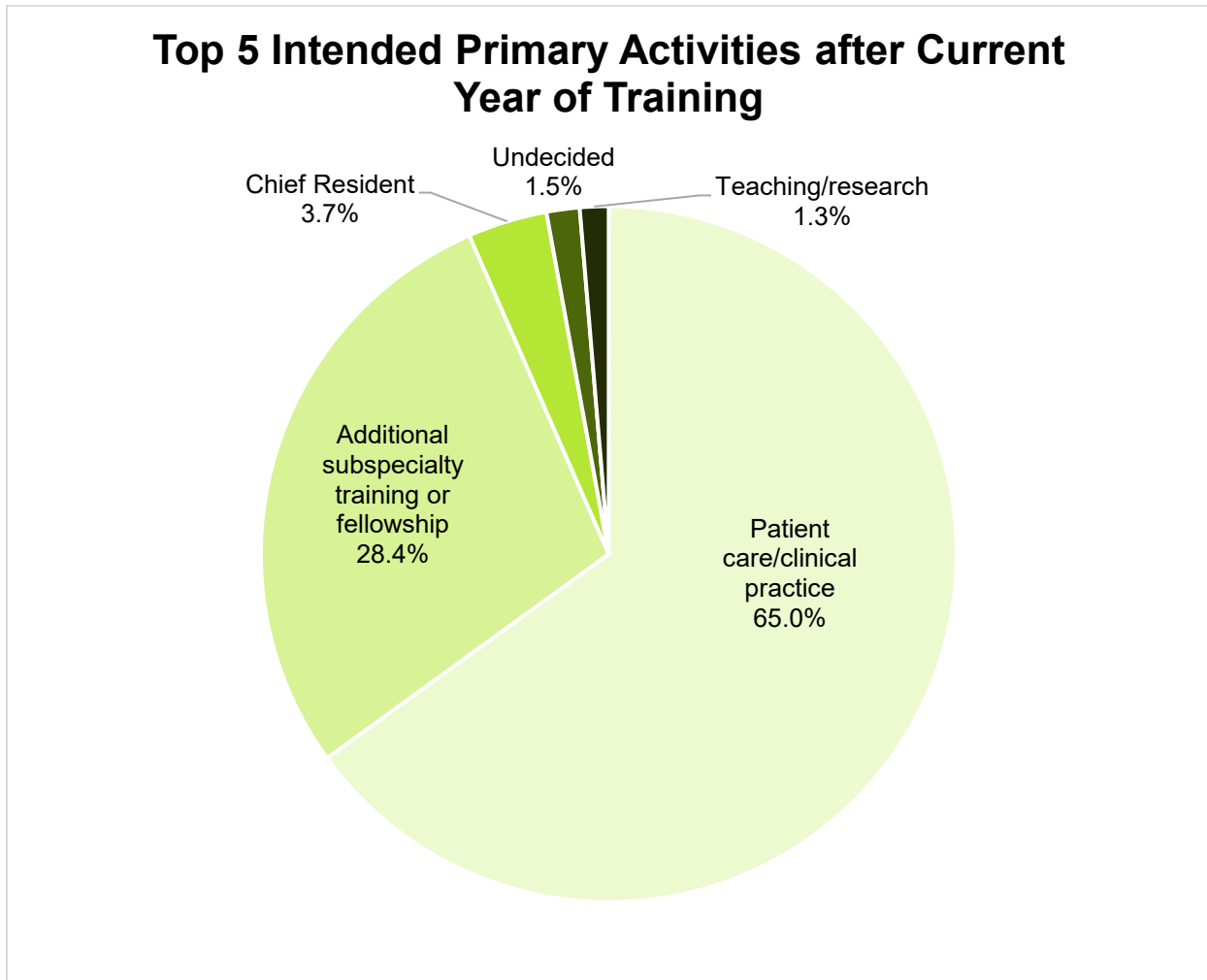


Table 17: Practice Setting, 2025

Practice Setting	Frequency	Percent
Academic setting	324	38.1%
Group practice-as employee	167	19.6%
Hospital-inpatient	141	16.6%
Hospital-ambulatory care	60	7.1%
Hospital-emergency room	51	6.0%
Group practice-as owner/partner	41	4.8%
Freestanding health center/clinic	23	2.7%
Military	13	1.5%
Other	13	1.5%
Partnership (2 Person)	7	0.8%
Solo practice	7	0.8%
Private practice	4	0.5%
Total	851	100.0%

Table 18: Expect to be at Principal Practice for 4 or More Years by Program, 2025

Program Name	Expect to be at Principal Practice for 4 or More Years						
	Yes		No		Not Applicable		Total
	Frequency	Percent	Frequency	Percent	Frequency	Percent	
AdventHealth Redmond	6	1.1%	2	1.1%	5	1.9%	13
Archbold Medical Center	0	0.0%	2	1.1%	0	0.0%	2
Advocate Health Floyd (Rome)	8	1.5%	0	0.0%	0	0.0%	8
Advocate Health (Macon)	16	2.9%	7	3.8%	10	3.8%	33
AU/UGA Medical Partnership-St. Mary's Healthcare	5	0.9%	6	3.2%	0	0.0%	11
Colquitt Regional Medical Center	2	0.4%	0	0.0%	1	0.4%	3
Emory University School of Medicine	273	49.9%	57	30.8%	100	38.0%	430
Gateway Behavioral Health Community Service Board	5	0.9%	2	1.1%	2	0.8%	9
Hamilton Medical Center	6	1.1%	3	1.6%	5	1.9%	14
Houston Healthcare System	4	0.7%	2	1.1%	1	0.4%	7
Medical College of Georgia	90	16.5%	28	15.1%	42	16.0%	160
Memorial Health University Medical Center	18	3.3%	6	3.2%	11	4.2%	35
Memorial Satilla Waycross	1	0.2%	1	0.5%	0	0.0%	2
Morehouse School of Medicine	20	3.7%	10	5.4%	20	7.6%	50
Northeast Georgia Medical Center	23	4.2%	12	6.5%	20	7.6%	55
Northside Hospital Gwinnett	11	2.0%	10	5.4%	1	0.4%	22
Phoebe Putney Memorial Hospital	4	0.7%	2	1.1%	2	0.8%	8
Piedmont Athens Regional	3	0.5%	4	2.2%	4	1.5%	11
Piedmont Columbus Regional Midtown	5	0.9%	4	2.2%	1	0.4%	10
Piedmont Macon Medical Center	7	1.3%	5	2.7%	4	1.5%	16
St. Francis-Emory Healthcare	3	0.5%	3	1.6%	4	1.5%	10
South Georgia Medical Center	4	0.7%	2	1.1%	1	0.4%	7
Wellstar Health System	33	6.0%	17	9.2%	29	11.0%	79
Total	547	100.0%	185	100.0%	263	100.0%	995

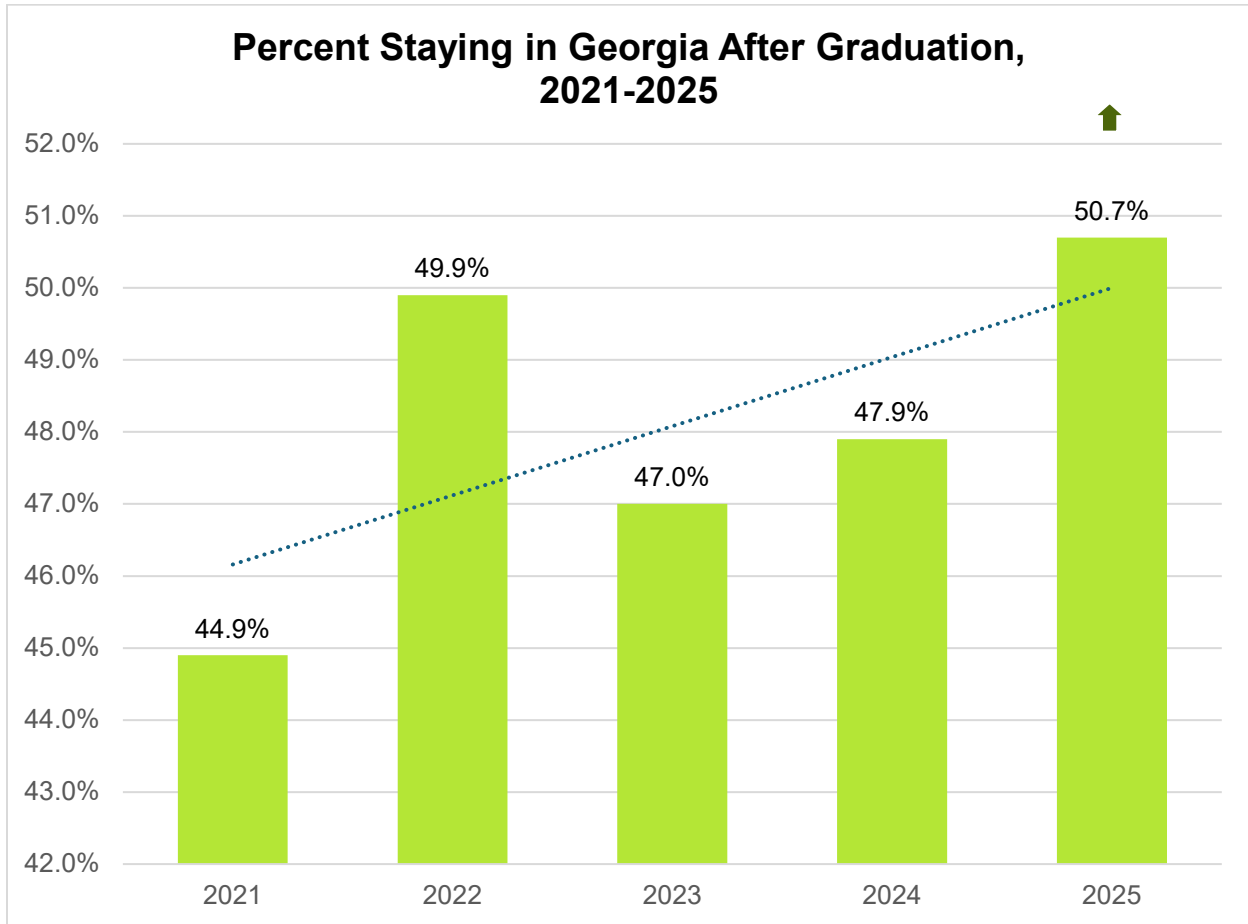
Practice Location

Table 19 and Figure 36 provide insight into respondents' primary activity locations after graduation, along with a five-year trend in the percentage planning to remain in Georgia.

Table 19: Practice Location, 2025

Location of Primary Activity After Graduation Year	Frequency	Percent
Georgia	504	50.7%
Other State	481	48.3%
Outside of U.S.	10	1.0%
Total	995	100.0%

Figure 36: Percent Staying in Georgia After Graduation, 2021-2025



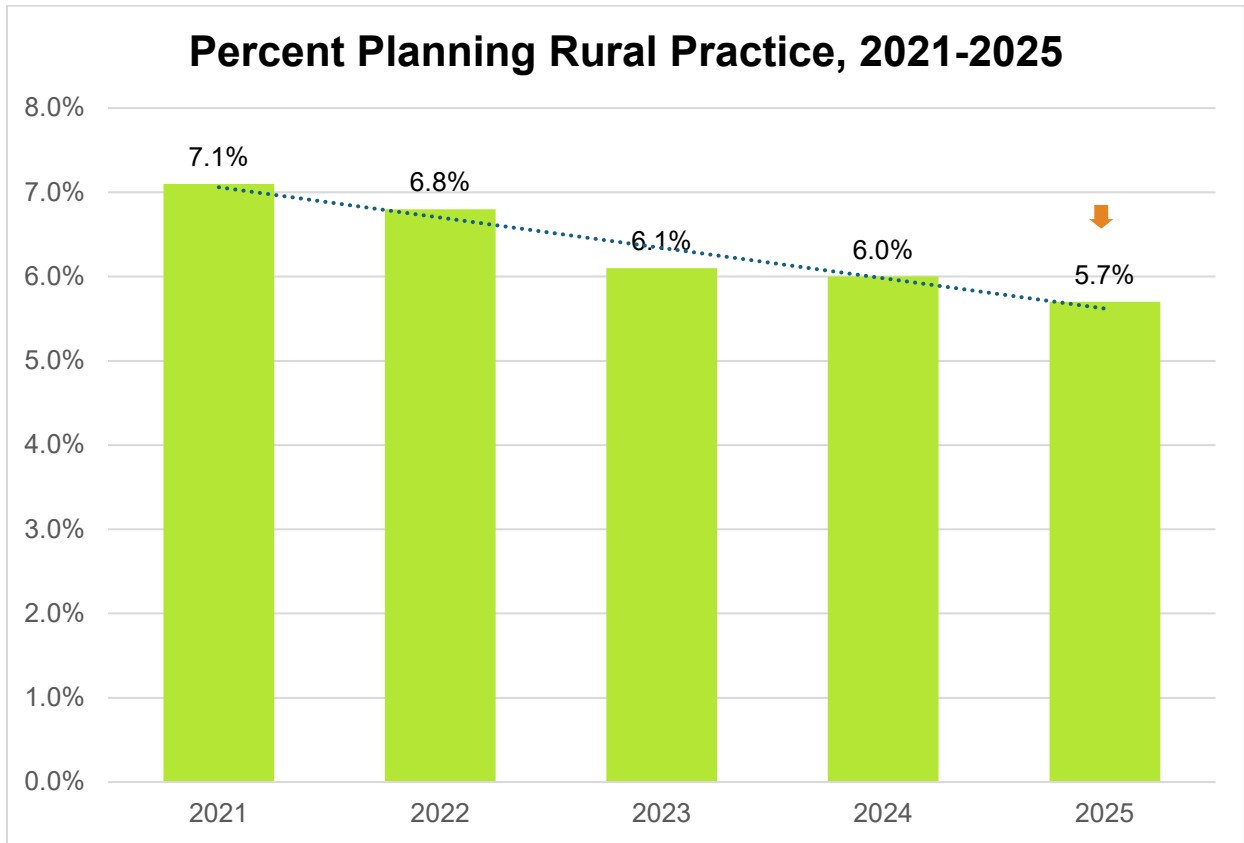
Practice Area

Table 20 and Figure 37 present an overview of the intended practice areas of respondents after graduation, along with a five-year trend indicating the percentage of respondents planning to engage in practice within a rural setting.

Table 20: Practice Area, 2025

Practice Area	Frequency	Percent
Suburban	318	32.0%
Inner city	281	28.2%
Other area within major city	248	24.9%
Small city (city population less than 50,000)	91	9.1%
Rural (county population less than 50,000)	57	5.7%
Total	995	100.0%

Figure 37: Percent Planning Rural Practice, 2021-2025



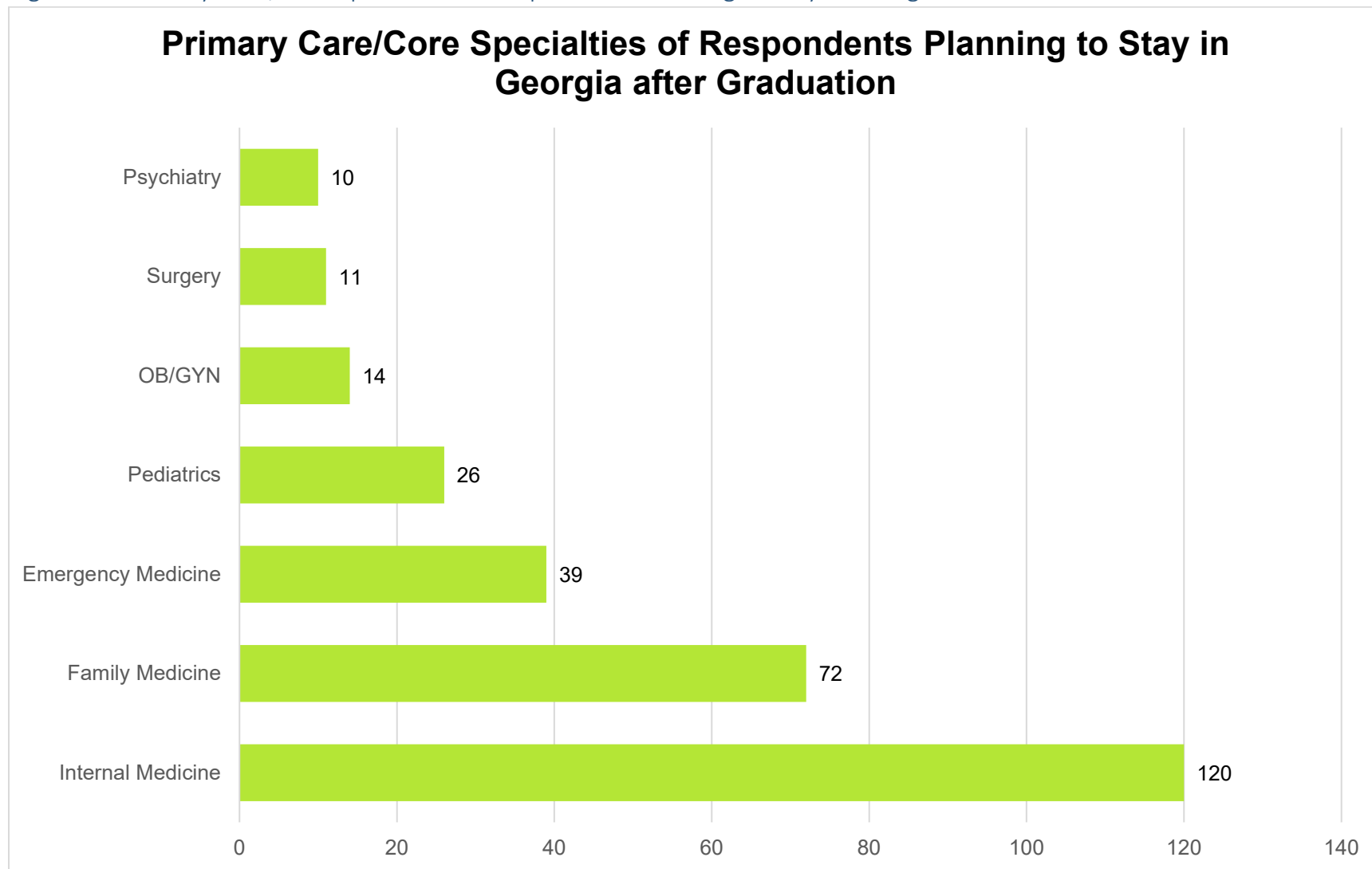
Specialty

Table 21 and Figure 38 highlight the total number of graduates completing which specialty, along with the percentage who plan to remain in Georgia.

Table 21: Specialties of Respondents Planning to Stay in Georgia after Completion of their Program

Specialty	Total Completing Specialty	Number Staying in Georgia	Percent Staying in Georgia
Internal Medicine	246	120	48.8%
Family Medicine	112	72	64.3%
Emergency Medicine	65	39	60.0%
Pediatrics	45	26	57.8%
General Surgery	42	11	26.2%
OB/GYN	29	14	48.3%
Psychiatry	24	10	41.7%
Primary Care/Core Subtotal	563	292	51.9%
All Other Specialties	432	212	49.1%
Total	995	504	100.0%

Figure 38: Primary Care/Core Specialties of Respondents Planning to Stay in Georgia after Graduation



Note: The above chart shows the specialties of graduates who plan to remain in Georgia after graduation.

Internal Medicine Graduates Pursuing Fellowship

Tables 22 and 23 provide a detailed breakdown of Internal Medicine graduates, highlighting the percentage of those who are pursuing fellowship training versus those who are not, along with the specific subspecialties that graduates are pursuing in their fellowship training.

Table 22: Internal Medicine Graduate Pursuing Fellowship

Internal Medicine	Frequency	Percent
Total Graduates	246	100.0%
Not Pursuing Fellowship	168	68.6%
Pursuing Fellowship	78	31.8%

Table 23: Fellowship Specialties Pursued by Internal Medicine Graduates

Fellowship Specialties	Frequency	Percent
Cardiovascular Disease	16	20.5%
Pulmonary Critical Care	14	17.9%
Hematology and Medical Oncology	10	12.8%
Hospice and Palliative Medicine	6	7.7%
Others	6	7.7%
Infectious Diseases	5	6.4%
Gastroenterology	5	6.4%
Geriatric Medicine	4	5.1%
Endocrinology, Diabetes, and Metabolism	3	3.8%
Nephrology	3	3.8%
Critical Care Medicine	2	2.6%
Addiction Medicine	1	1.3%
Clinical Informatics	1	1.3%
Radiation Oncology	1	1.3%
Rheumatology	1	1.3%
Total	78	100.0%

Primary Care/Core Specialty Graduates Going into Sub-Specialties

Table 24 provides an overview of the total number of Primary Care/Core Specialty residents pursuing subspecialty training, highlighting those who plan to stay in Georgia for additional training and those who plan to continue their training out of state.

Table 24: Primary Care/Core Graduates Going into Sub-Specialties

Specialty	Total Going into Sub-Specialty	Number Staying in Georgia	Number Going out of State	Percent Staying in Georgia	Percent Going out of State
Internal Medicine	78	15	63	19.2%	80.8%
General Surgery	28	6	22	21.4%	78.6%
Emergency Medicine	16	8	8	50.0%	50.0%
Family Medicine	14	4	10	28.6%	71.4%
Pediatrics	12	3	9	25.0%	75.0%
OB/GYN	6	1	5	16.7%	83.3%
Psychiatry	6	2	4	33.4%	66.7%
Primary Care/Core Subtotal	160	39	121	24.6%	75.6%
All Other Specialties	117	42	75	35.9%	64.1%
Total	277	81	196	29.2%	70.8%

Note: Among the 995 respondents, the figures above reflect the specialties of graduates pursuing sub-specialties who plan to remain in Georgia after graduation and those going out of state.

Job Search

Table 25: Actively Job Searched, 2025

Actively Job Searched	Frequency	Percent
No	287	28.8%
Yes	708	71.2%
Total	995	100.0%

Table 26: Job Offers and Acceptance, 2025

Been Offered a Job	Frequency	Percent
Yes, and accepted	688	69.1%
Not been offered	237	23.8%
Yes, and declined	70	7.0%
Total	995	100.0%

Figure 39: Percentage of Respondents Who Considered One or More Job Offers in Georgia, 2021-2025

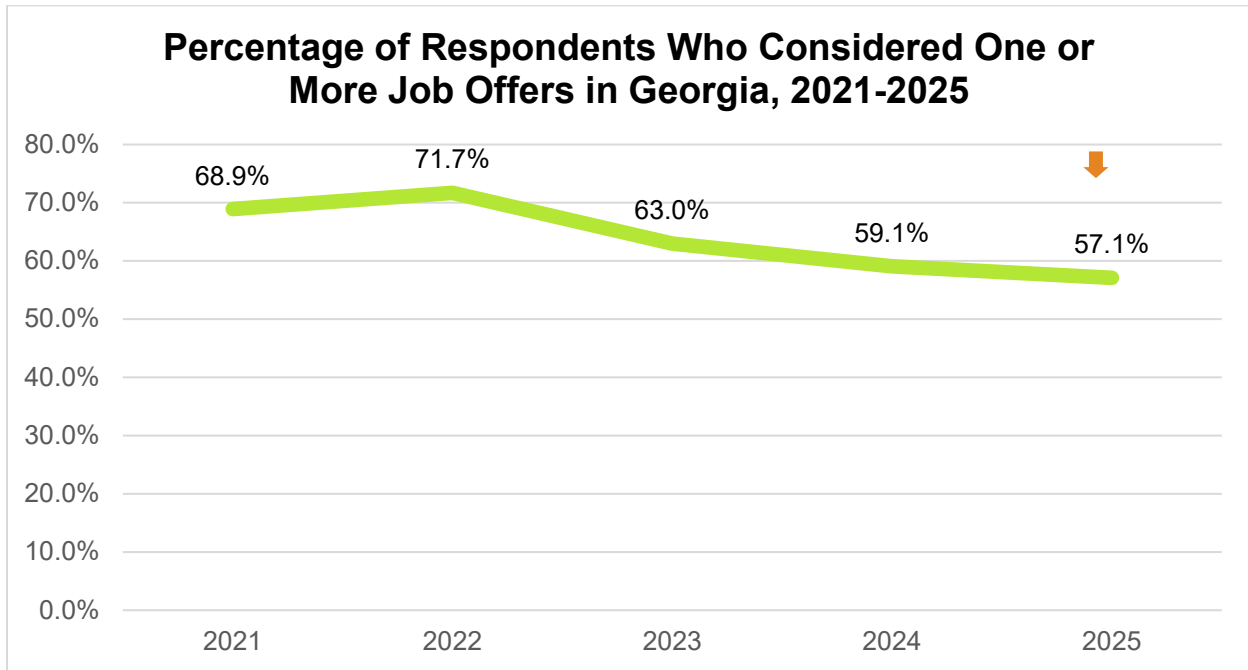
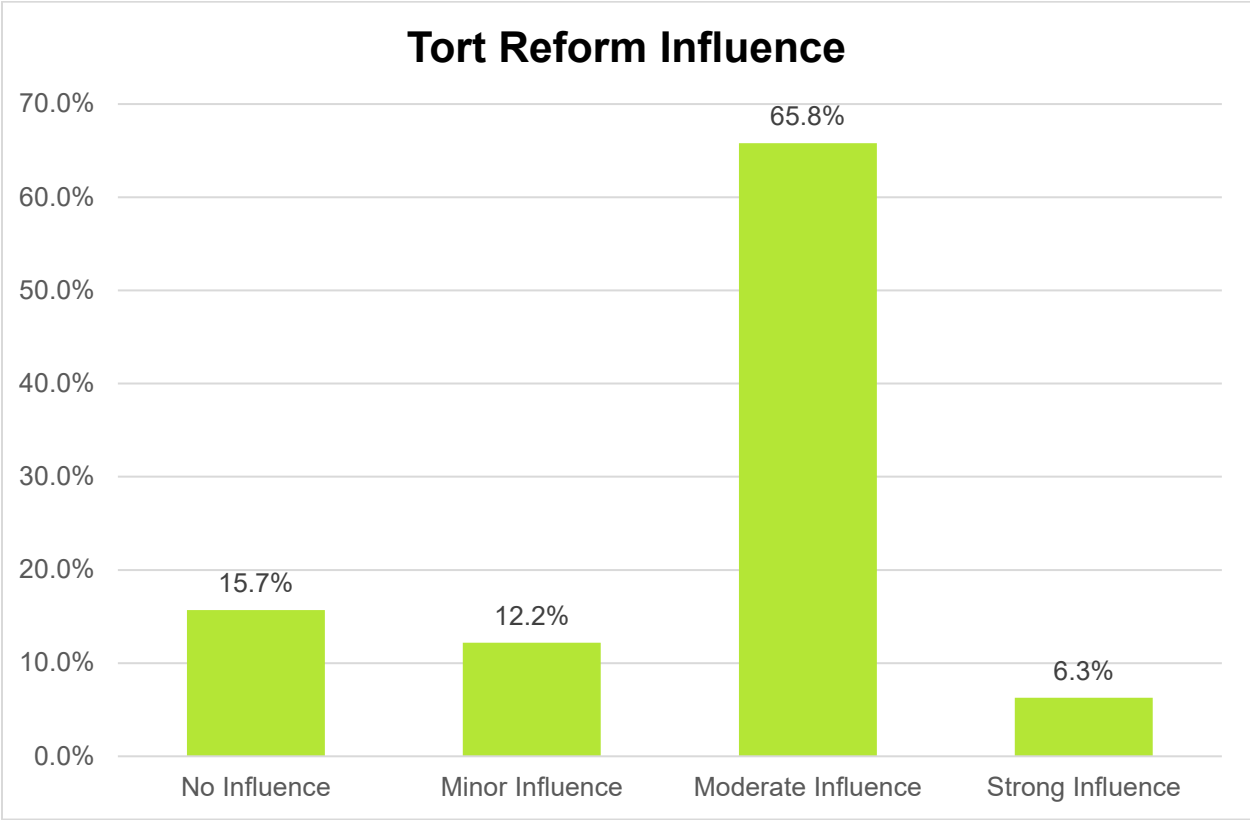


Table 27: Influence of State Liability Environment (Tort Reform) on Job Search

Tort Reform Influence	Frequency	Percent
No Influence	158	15.7%
Minor Influence	121	12.2%
Moderate Influence	655	65.8%
Strong Influence	63	6.3%
Total	995	100.0%

Figure 40: Influence of State Liability Environment (Tort Reform) on Job Search



What made an out-of-state job more appealing than one in Georgia?

In an open-ended response, participants were asked to specify what aspects of the out-of-state job made it more appealing than opportunities available in Georgia. Their submissions were categorized into the following focus points:

Better Compensation and Benefits: Approximately 80% of respondents who answered this question cited higher salaries and more comprehensive benefits packages as the primary reasons for accepting out-of-state positions. These financial incentives were consistently highlighted as a key factor in their decision-making.

Proximity to Family: Several respondents mentioned relocating out of state to be closer to family members or spouses. For many, personal and familial connections played a significant role in their job selection.

J-1 Waiver Sponsorship: Some respondents indicated that they accepted out-of-state offers specifically because those employers provided J-1 waiver sponsorship, which was not readily available for them in Georgia.

Limited In-State Opportunities for Their Specialty: Few respondents reported a lack of viable job opportunities in Georgia for their medical specialty. Examples included fields such as pediatric rheumatology, where they felt the local market did not offer sufficient or competitive options.

Table 28: Job Search Approaches, 2025

Job Search Approaches	Frequency	Percent
Peer or colleague referral	321	27.3%
Independent online job search	265	22.6%
Word of mouth	245	20.9%
Recruiter contacted me	149	12.7%
Specialty-specific job boards	73	6.2%

Note: Respondents could select multiple job search approaches.

Table 29: Difficulty Finding a Job Rating, 2025

Difficulty Finding a Job Rating	Frequency	Percent
Very easy	170	22.7%
Somewhat easy	226	30.2%
Neutral	202	27.0%
Somewhat difficult	123	16.4%
Very difficult	28	3.7%
Total	749	100.0%

Figure 41: Difficulty Finding a Job Rating, 2025

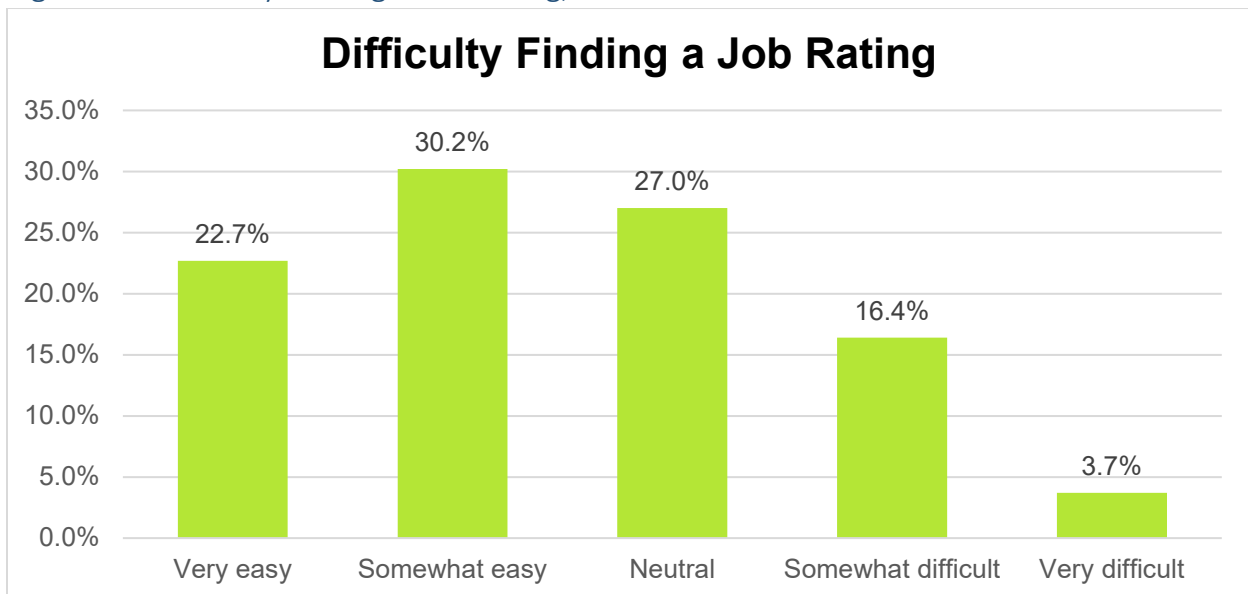


Table 30: Specific Difficulties in Finding a Job, 2025

Difficulty in Finding a Job	Frequency	Percent
Not a favorable work/life balance	138	28.0%
Other reason	91	18.5%
Would not be satisfied with the job	85	17.2%
Lack of mentoring opportunities	57	11.6%
Practice did not communicate well	44	8.9%
Did not have passion for the practice	38	7.7%
Practice was not collaborative	17	3.4%
Not enough challenge	12	2.4%
Practice did not advocate for patients	11	2.2%

Note: Respondents could select multiple options. The percentages reflect the proportion of respondents who selected each option; 3 respondents mentioned they are going to a fellowship.

Other Reasons for Difficulty in Finding a Job, 2025

In addition to the predefined answer options, respondents were offered an open-ended response choice. Their submissions were subsequently categorized into the following thematic areas:

Location: These preferences include seeking employment in desirable locations or near metropolitan areas.

Visa and Contractual Obligations: Responses in this category include the need to secure employment within Health Professional Shortage Areas (HPSAs), pursuing positions that offer visa sponsorship, and fulfilling military service commitment.

Position-Related Factors: Several respondents highlighted challenges such as employer hesitancy in hiring recent residency graduates. Others cited the requirement for a hospitalist fellowship as a barrier to securing positions within Georgia.

Pay-Related Issues: Some respondents emphasized the need for institutions to enhance salary competitiveness and offer greater scheduling flexibility to attract and retain trainees.

Federal Spending cuts to public health: Some indicated that their federal job offer was rescinded due to the federal hiring freeze. Jobs in Infectious Diseases with an emphasis on research were previously easier to secure before federal funding changes.

Minimal Availability of Jobs: A few number of respondents indicated that job opportunities in Georgia are limited, while others noted that their area of specialization further constrains their career prospects.

Table 31: Ratings and Perception of Training, Educational Debt Repayment, Practice Opportunities, and Rural Practice, 2025

Question or Statement	Rating Scale	Number of Responses	Average
In your job search, how strongly did you consider practicing in a rural area (county population less than 50,000)?	1 = DID NOT CONSIDER 5 = STRONGLY CONSIDERED	786	2.3
If all of your medical school debt were forgiven, how likely would you consider a five-year obligation to practice in a rural setting (GA county population less than 50,000)?	1 = VERY UNLIKELY 5 = VERY LIKELY	724	3.2
What is your level of satisfaction with your salary/compensation?	1 = VERY DISSATISFIED 5 = VERY SATISFIED	800	3.9
What is the likelihood you will return to Georgia to practice when your training is complete	1 = VERY UNLIKELY 5 = VERY LIKELY	416	3.2
What is your overall assessment of practice opportunities in your specialty within 50 miles of the site where you trained?	1 = VERY FEW JOBS 5 = MANY JOBS	995	3.1
What is your overall assessment of practice opportunities in your specialty nationally?		995	3.8
Overall, I am satisfied with the training I received.	1 = STRONGLY DISAGREE 5 = STRONGLY AGREE	995	4.3
I would choose to train at the same site again.		995	4.1

Figure 42: Ratings and Perception of Training, Educational Debt Repayment, Practice Opportunities, and Rural Practice, 2025

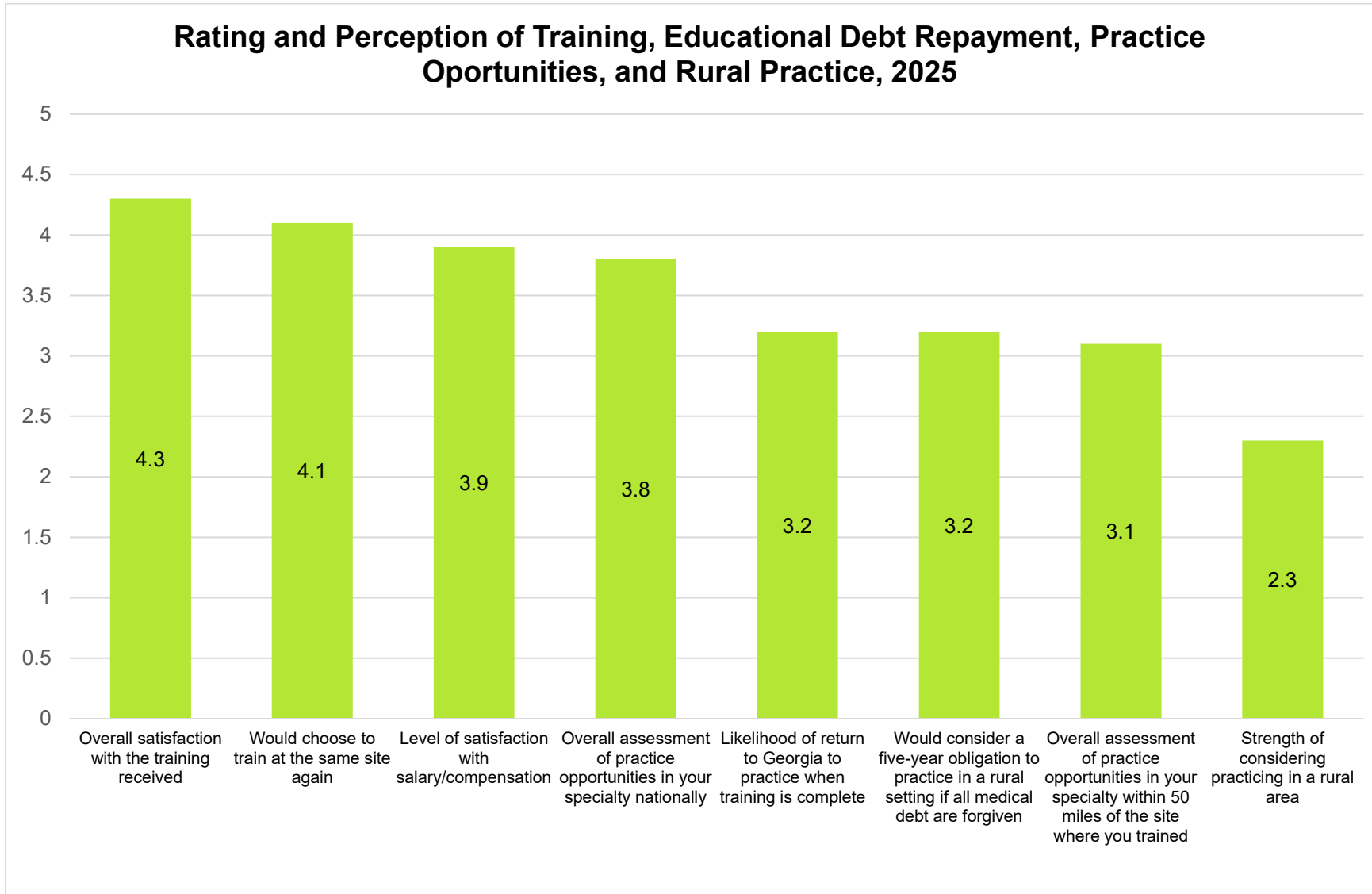


Table 32: Top 3 Reasons for Leaving Georgia, 2025

Top 3 Reasons for Leaving Georgia	Frequency	Percent
Proximity to family	234	20.9%
Fellowship or additional medical training	221	19.7%
Better jobs in desired location outside Georgia	130	11.6%
Better jobs in desired practice setting outside Georgia	98	8.7%
Better salary offered outside Georgia	93	8.3%
Better job for spouse/partner outside Georgia	93	8.3%
Never intended to practice in Georgia	70	6.2%
Overall lack of jobs/practice opportunities in Georgia	60	5.3%
Other reasons	53	4.7%
Other service obligation	38	3.4%
Better jobs outside Georgia that meet visa requirements	19	1.7%
Cost of malpractice insurance in Georgia	11	1.0%
Cost of starting a practice	2	0.2%

Note: Respondents could select multiple reasons for leaving Georgia. The percentage shown is the percentage of respondents selecting that option.

Figure 43: Top 3 Reasons for Leaving Georgia, 2025

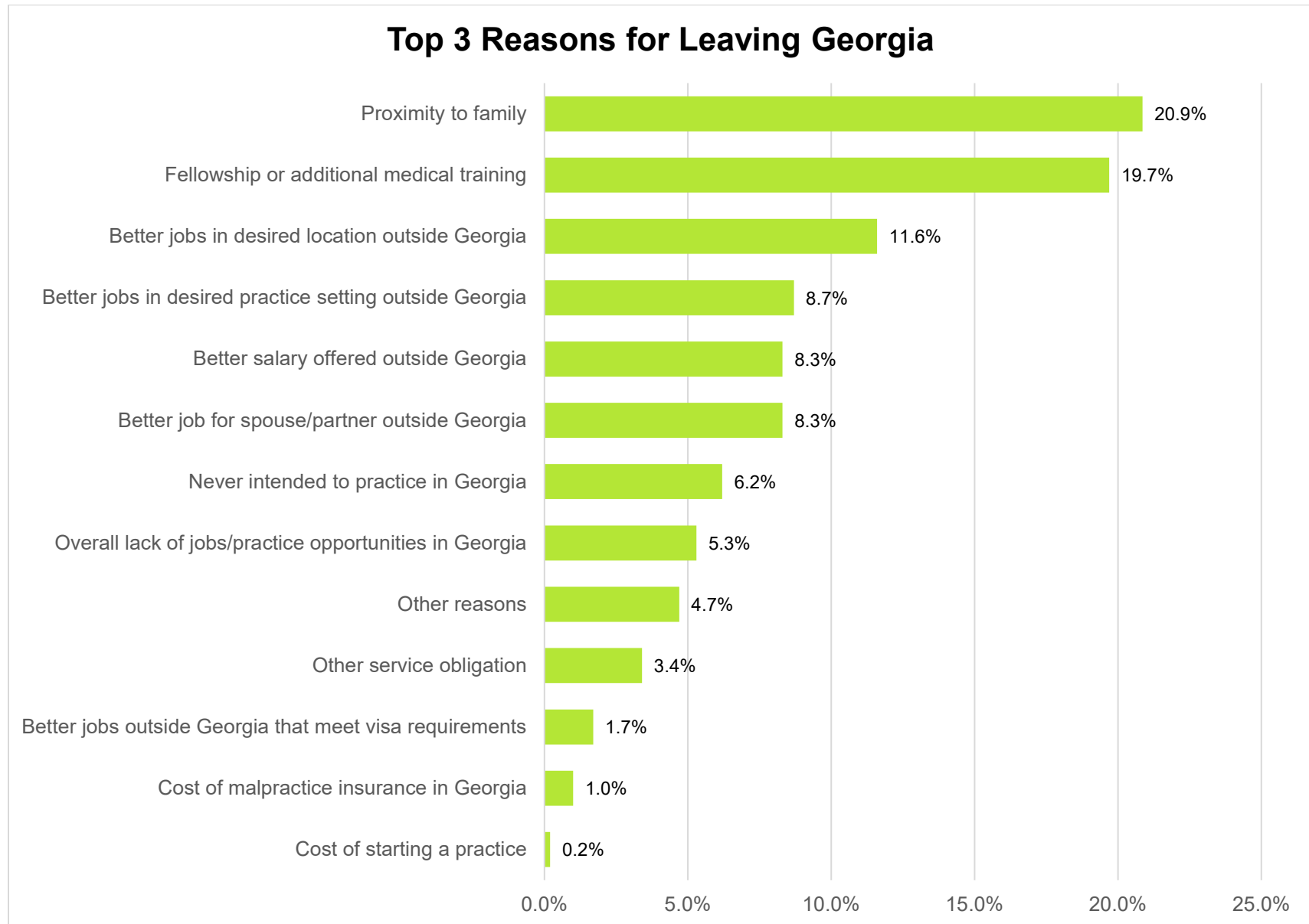
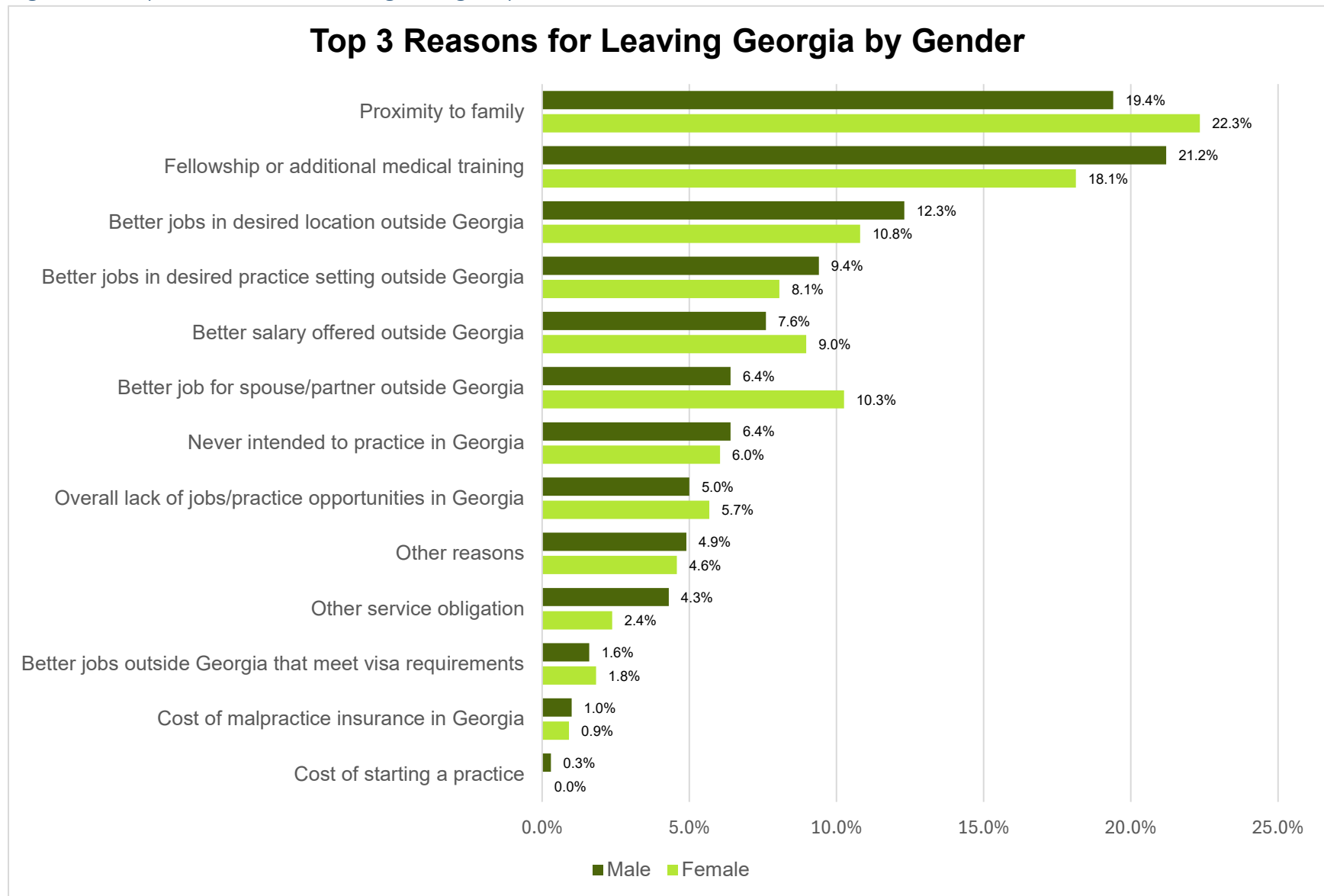


Figure 44: Top 3 Reasons for Leaving Georgia by Gender, 2025



Other Reasons for Leaving Georgia, 2025

Beyond the previously listed factors influencing decisions to leave Georgia after the current training year, several respondents shared further insights through open-ended responses. These have been thoughtfully categorized into the following themes:

Fellowship-Related Insights: Several respondents indicated plans to relocate to other states to pursue fellowship training following their match results. A small number also expressed an intention to return to Georgia upon completing their full training.

Family: family-related motivations for leaving Georgia, including relocating to support a spouse's career or medical training.

Political and policy related: Respondents cited concerns about Georgia's current political environment, particularly issues related to abortion access, firearm regulations, and broader legislative measures such as Medicaid expansion, income tax burdens. These factors were highlighted as influential in their decision-making regarding relocation.

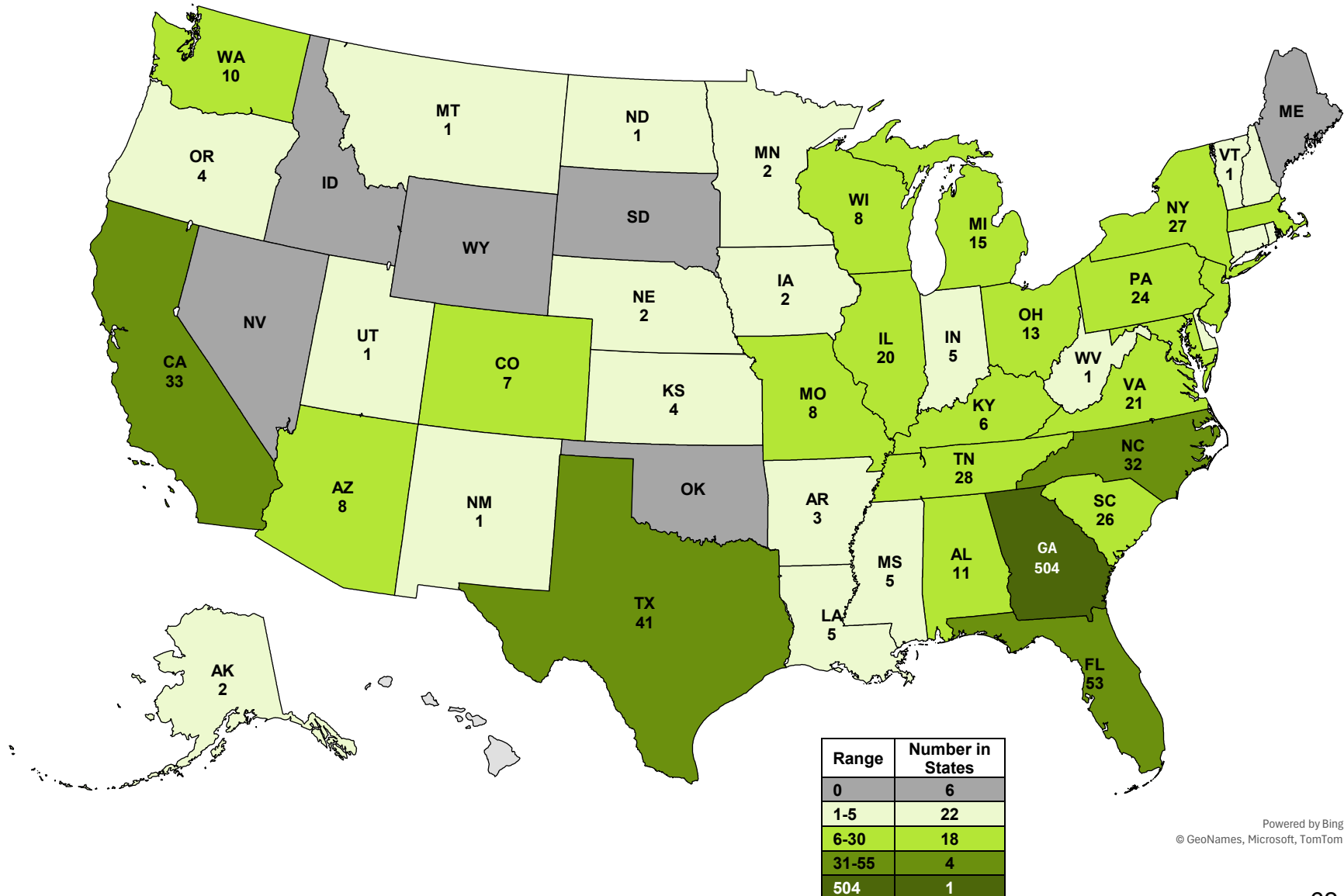
Change of Environment: Several respondents expressed a desire to experience living in a different state, citing the need for a change of scenery or lifestyle. Despite these exploratory moves, many suggested that Georgia remains a likely destination for their long-term return, signaling a continued connection to the state.

Military Service Commitments: Some respondents reported that their relocation decisions were influenced by active-duty or service obligations, either for themselves or their spouses.

Job-Related Considerations: Some respondents noted that the pursuit of stronger employment prospects drove their decision to leave Georgia.

Environmental Considerations: A small number of respondents cited Georgia's unfavorable weather conditions as a contributing reason for their relocation decisions.

Location of Primary Activity after Current Year of Training, 2025



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Additional Feedback on the 2025 GME Exit Survey

Respondents had the option to give open-ended feedback on the exit survey. This year, the responses fell into the following broad categories. Examples of responses for each category are also given below. Figure 45 displays the relative size of categories present in the data. 109 total respondents provided data on this question.

Positive residency experience: Respondents mention their growth as physicians, competencies, readiness for the job, enjoying the wide variety of patients; love for the training and program; excellent quality of supervising physicians and mentorship; the dedication of faculty; programs improving the quality of life for trainees; and willingness to recommend their program to others.

Lack of opportunities: This category references lack of debt repayment options, specialty training and mentorship, and support or funding. Examples include federal cuts to public health, reproductive care, and patient-centered policies; the NRMP-matched program not providing the support to get into a desired fellowship and lack of choices stemming from that; few research and fellowship options in the desired specialty in Georgia; lack of practice locations meeting the medical facility needs to practice in their specialty; lack of other physicians in the specialty in Georgia, leading to a lower variety of practice settings; lack of support from program leadership; lack of mentorship for physicians to enter private practice; and Georgia does not offer fair pay for subspecialists.

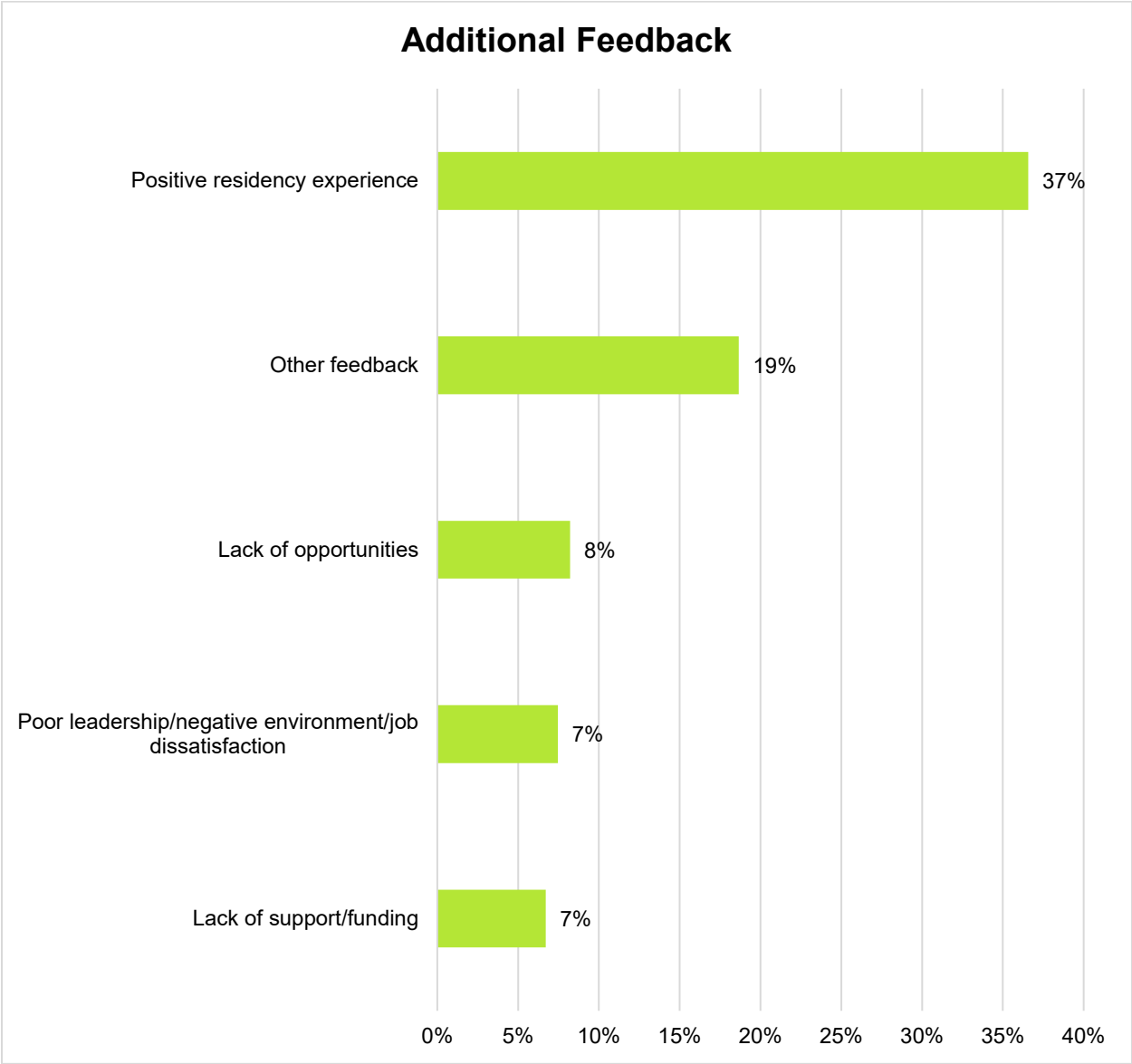
Poor leadership, negative work environment, and job dissatisfaction:

Respondents mention that programs need to focus on burnout prevention as essential to patient care; lack of childcare and too many night rotations; suggestion that ACGME should hire program directors that are passionate about patient care and teaching and who are native to Georgia; corporate interest in accepting patients at the expense of resident wellbeing; faculty job dissatisfaction affecting residents; high turnover; negative interprofessional culture within the health system; and burnout affecting the respondent's ability to work.

Other feedback: Smaller categories also appeared in the open-ended feedback.

These include: Georgia's policy environment affecting the respondent's willingness to practice in the state, especially as it relates to women's and reproductive healthcare; a decline in the quality of education at a program; a suggestion that Georgia should allow a hybrid practice covering both high volume and rural areas, as it is difficult to commit to rural practice; difficulty in finding an academic job; the distaste for being a corporate employee rather than a private group with governance over one's practice; concern over malpractice insurance and tort reform not being able to create a physician-friendly political environment; and lack of social support due to Medicaid policy negatively impacting patient outcomes.

Figure 45: Additional Feedback on the 2025 GME Exit Survey



Acknowledgments

This report was produced under the direction of Chet Bhasin FACHE, Executive Director; Leanna Greenwood, MA, PhD, Data Team Manager; Augustine Agbontaen, MSIT, Data Analyst; Briana Harris, Data Analyst; LePrissa Moore, MSIT, Researcher; and G.E. Alan Dever, MD PhD, Consultant.

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The 2025 Graduate Medical Education Exit Survey report can be downloaded at healthcareworkforce.georgia.gov. GBHCW welcomes comments and suggestions for future editions of this report. Please send comments to leanna.greenwood@dch.ga.gov.