



Georgia Board for Physician Workforce Spotlight on Graduate Medical Education February 2012

Achieving an optimal supply, specialty mix, and distribution of physicians involves many challenges. The state has invested considerable resources to expand undergraduate medical education (medical school enrollment). However, expanding medical school enrollment alone will not meet Georgia's need for physicians. The state must also engage in a coordinated effort to add residency training (graduate medical education or GME) positions in needed specialties.

This fact sheet highlights key elements related to GME in Georgia and provides answers to the following questions:

- How many **Post Graduate Year 1 (PGY-1)** residency positions are there at Georgia's teaching hospitals? What percentage of the PGY-1 positions were matched by graduates of Georgia's medical schools?
- How many **total** physicians are trained each year through Georgia's GME programs?
- How does this compare to the Southeast and national averages? How many positions would Georgia have to add to meet these various targets?
- Where do graduates of Georgia's residency programs come from and do they stay in state to practice?
- What are the most common reasons why new physicians leave the state?
- Are Georgia's graduates practicing in close proximity to their training site?
- Are more physicians going into sub-specialties?
- Why are teaching hospitals and GME programs important?
- Where should the state focus its energy and resources in the future?

How many PGY-1 residency training (GME) positions are there in Georgia? What percentage of PGY-1 positions are matched by graduates of Georgia's medical schools?

**PGY-1 Residency Positions in Georgia by Primary Care & Core Specialties
Number and Percentage of Positions Matched by Graduates of Georgia's Medical Schools
Academic Year 2011-2012
Table 1**

Specialty	Total Number of PGY-1 Year Residency Positions Approved***	Total Number of PGY-1 Year Residency Positions Filled***	# of PGY-1 Positions Matched by GA Medical School Graduates****	% of PGY-1 Filled Positions Matched by GA Medical School Graduates
Family Medicine*	72	69	12	16.7%
Internal Medicine	149	144	20	13.4%
Pediatrics	58	54	17	29.3%
Obstetrics & Gynecology	25	25	9	36.0%
General Surgery	48	46	11	22.9%
All Other Specialties**	121	119	54	44.6%
Total	473	457	123	26.0%

* Includes both ACGME and AOA filled family medicine residency positions.

** The category "All Other Specialties" includes transitional year positions, but does not include preliminary year positions (e.g., prelim-surgery, prelim-medicine which were included under the specialty).

*** Sources: Accreditation Council for Graduate Medical Education (www.ACGME.org), the American Osteopathic Association (<http://opportunities.osteopathic.org>) and Georgia's Teaching Hospitals and Medical Schools.

**** As reported by the medical schools.

For the 2011 – 2012 Academic Year (beginning July 1, 2011):

- Georgia had a total of 473 PGY-1 residency positions available in 12 specialties.
- Of those 473 positions, 457 (96.6%) were filled leaving 16 (3.4%) PGY-1 positions unfilled.
- Of the 473 available PGY-1 positions, 123 (26.0%) were filled by graduates from the five Georgia medical schools.
- Of the 457 filled PGY-1 residency positions, 334 (73.1%) were filled by medical school graduates from outside of Georgia.

If medical school expansion continues as projected, by 2020 there could be 3,210 medical student positions in Georgia and approximately 802 medical school graduates each year entering graduate medical education programs. Source: GBPW Fact Sheet on Georgia Medical Schools, January 2012

How many total physicians are trained each year through Georgia's residency (GME) programs?

**Total Number of Approved and Filled Residency (GME) Positions by Teaching Hospital
And Total Number of GME Graduates, 2011 - 2012**
Table 2

Teaching Institution	Total Number of Approved/Accredited Residency Positions**	Total Number of Filled Residency Positions**	Total GME Graduates in 2011***
Emory	1199	1103	308
Medical College of Georgia*	515	424	124
Morehouse School of Medicine	155	146	36
Memorial Health University Medical Center	152	122	32
Medical Center of Central Georgia	115	111	39
Atlanta Medical Center	84	78	23
The Medical Center, Inc.*	41	41	11
Floyd Medical Center*	27	19	8
Phoebe Putney Memorial Hospital	16	18	5
Satilla Regional Medical Center	6	7	1
Total	2,310	2,069	587

* The family medicine programs at these teaching institutions have both ACGME and AOA approved and filled residency positions.

** Sources: Accreditation Council for Graduate Medical Education (www.ACGME.org), the American Osteopathic Association (<http://opportunities.osteopathic.org>) and Georgia's Teaching Hospitals and Medical Schools.

*** As reported by the teaching hospitals.

- As shown in Table 2, 89.6% (2,310 of the 2,069) approved/accredited residency positions in Georgia are filled and the remaining 10.4% of positions are vacant. The majority of these unfilled positions are in primary care (family medicine, internal medicine, and pediatrics) or other critical specialties such as emergency medicine, neurosurgery, and general surgery. This raises the question of why the slots are not filled. Further study is needed to determine the specific reason(s), to identify potential solutions, and it is this fact that is being considered in the need for new Graduate Medical Education Programs in Georgia.
- There has been some increase in accredited residency training positions in Georgia, but the increase is relatively small in light of medical school expansion. The number of accredited residency positions has increased by 31.0% over the last eleven years (from 1,763 in 2000-2001 to 2,310 in 2011-2012). Medical school enrollment has increased by 56.9% (from 1,515 medical students in 2000-2001 to 2,377 medical students in 2011-2012).

How does this compare to the Southeast and national averages? How many positions would Georgia have to add to meet the Southeast and national targets for total residents?

- Georgia ranks 41st among the 50 states in total residents per 100,000 population (down from 39th in 2009 and 37th in 2007). Georgia's rate of 20.0 residents per 100,000 is well below the national average of 35.8 residents per 100,000. (Source: AAMC Center for Workforce Studies; 2011 State Physician Workforce Data Book; November 2011.)
- To meet the national average of 35.8 residents per 100,000 population, Georgia would have to add a total of approximately 1,565 residency positions.
- Only one of the surrounding states (Florida at 18.8) has a total resident to population ratio lower than Georgia's.
- To reach the average of 24.1 residents per 100,000 population in the contiguous states (includes GA), Georgia would have to add a total of approximately 408 residency positions.

**Comparison of Georgia's GME Capacity
Physicians in ACGME-Accredited
Residencies & Fellowships
Per 100,000 Population**
Table 3

	Rate per 100,000	Rank
U.S.	35.8	
Contiguous States	24.1	
TN	34.2	17 th
NC	31.2	18 th
AL	25.3	29 th
SC	25.2	30 th
GA	20.0	41st
FL	18.8	42 nd

Source: AAMC Center for Workforce Studies; 2011 State Physician Workforce Data Book; November 2011.

Where do graduates of Georgia's residency programs come from and do they stay in state to practice?

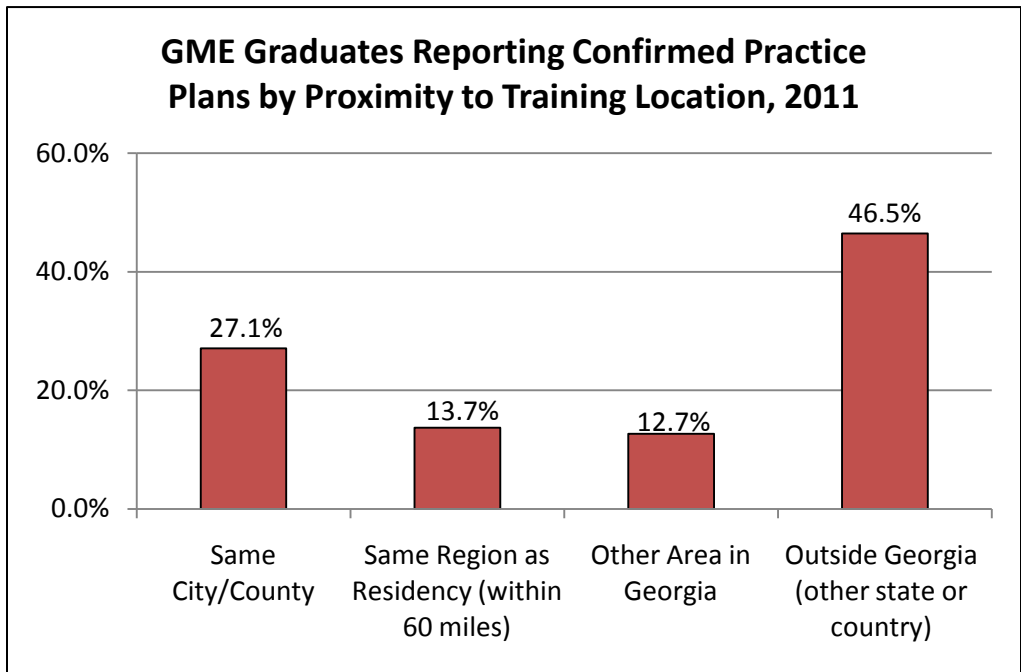
- According to the GBPW's 2011 GME Exit Survey, an overwhelming majority (78.2%) of Georgia's graduating residents who responded reported attending high school in another state or country. Georgia retained 46.4% of the GME graduates that came from another state.
- Georgia GME programs retained 53.5% of their GME graduates in 2011. This figure includes all respondents going into practice with confirmed practice plans upon graduation.
- Of the respondents that had practice plans in Georgia, 79.5% of the graduates indicated they planned to be at their principle practice for four or more years.

What are the most common reasons why new physicians leave the state?

The top reasons for leaving Georgia included: proximity to family; better jobs in desired locations outside of Georgia; better job for spouse or partner offered outside of Georgia; and never intended to practice in Georgia. According to the GBPW's 2011 GME Exit Survey results, graduates leaving Georgia to practice in another state had a higher average expected salary (\$212,748) when compared to graduates that were staying in Georgia to practice (\$193,240). (Salary figures only include those going into practice)

Are Georgia's graduates practicing in close proximity to their training site?

Of the respondents to the GBPW Graduate Medical Education Exit Survey with confirmed practice plans, 40.8% have practice plans within 60 miles of their residency training program. Residency training lasts a minimum of three years.



Source: 2011 GBPW Graduate Medical Education Exit Survey

The graph shows that for 2011, 27.1% of respondents stayed in the same city/county of their residency training. Additionally, 13.7% of respondents reported plans to practice in the same region as their residency training and 12.7% have plans to practice in another region in Georgia. Overall, 53.5% of respondents reported they were remaining in Georgia to practice.

Practice specialty and medical education debt

The rate of GBPW survey respondents practicing primary care (family medicine, internal medicine, pediatrics, obstetrics/gynecology) was 44.6% with 55.4% practicing in a sub-specialty. Additionally, 70.1% of the graduates responding to the 2011 GME Exit Survey reported having medical education debt totaling over \$100,000. For 2011, 31.6% of survey respondents reported having debt totaling over \$200,000.

Why are teaching hospitals and GME programs important?

Teaching hospitals and resident physicians are an integral part of Georgia's healthcare delivery system. Over 2,000 resident physicians actively care for patients throughout their residency training. In addition, teaching hospitals have a positive economic impact in their communities by:

- training physicians for Georgia;
- providing specialized healthcare services;
- caring for a disproportionate share of Georgia's uninsured, Medicaid, and Medicare populations; and
- serving as trauma centers (most of Georgia's teaching hospitals are designated Level 1 or Level 2 trauma centers).

Where should the state focus its energy and resources in the future?

- The collective contributions of all five medical schools must be considered in evaluating the impact of expansion efforts on Georgia's physician workforce.
- Expansion initiatives already underway at the five medical schools in Georgia are significant. If these efforts were discontinued, there would be a serious long-term negative effect on the state's medical education infrastructure and Georgia's physician workforce.
- It is important for the state to maintain the commitment to undergraduate medical education; however, expanding medical school enrollment alone will not meet Georgia's need for physicians.
- Georgia must invest in expanding graduate medical education capacity (residency training positions) based on the expanding medical school enrollment physician workforce needs of the state by expanding existing GME programs as well as adding new GME programs in the State.
- Georgia must also invest in incentives to attract physicians to practice in the state such as:
 - 1) Salary supplements for Georgia medical school graduates entering Georgia primary care residency programs;
 - 2) Additional loan repayment funding for physicians practicing in rural and underserved areas of the state;
 - 3) Additional scholarship funding for medical students who agree to practice in rural and underserved areas in Georgia;
 - 4) Additional tax credits; and
 - 5) Tort reform.