

### Georgia Board for Physician Workforce Spotlight on Graduate Medical Education February 2011

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:

- Why are teaching hospitals and GME programs important?
- How many <u>first year</u> residency positions are there at Georgia's teaching hospitals? What percentage of the first year positions are filled 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?
- Do those who stay in Georgia practice in close proximity to their training site?
- Are more physicians going into sub-specialties?
- Where should the state focus its energy and resources in the future?

#### 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 (all of Georgia's teaching hospitals are designated Level 1 or Level 2 trauma centers).

How many <u>first year</u> residency training (GME) positions are there in Georgia? What percentage of first year positions are filled by graduates of Georgia's medical schools?

### First Year Residency Positions in Georgia by Primary Care & Core Specialties Number and Percentage of Positions Filled by Graduates of Georgia's Medical Schools Academic Year 2010-2011

Specialty	Total Number of 1 <sup>st</sup> Year Residency Positions Filled***	# of 1 <sup>st</sup> Year Positions Filled by GA Medical School Graduates****	% of 1 <sup>st</sup> Year Positions Filled by GA Medical School Graduates
Family Medicine*	81	9	11.1%
Internal Medicine	138	19	13.8%
Pediatrics	55	21	38.2%
Obstetrics & Gynecology	25	6	24.0%
General Surgery	47	11	23.4%
All Other Specialties**	401	52	13.0%
Total	747	118	15.8%

<sup>\*</sup> Includes both ACGME and AOA filled family medicine residency positions.

<sup>\*\*</sup> The category "All Other Specialties" includes transitional year positions, but does not include preliminary year positions (e.g., prelim-surgery, prelim-medicine).

<sup>\*\*\*</sup> Sources: Accreditation Council for Graduate Medical Education (www.ACGME.org) and the American Osteopathic Association (http://opportunities.osteopathic.org).

<sup>\*\*\*\*</sup> As reported by the medical schools.

### 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 Graduates 2010-2011

Teaching Institution	Total Number of Approved/Accredited Residency Positions**	Total Number of Filled Residency Positions**	Total Graduates in 2010***
Emory	1181	1094	323
Medical College of Georgia*	461	421	111
Morehouse School of Medicine	155	129	33
Memorial Health University Medical Center	123	117	35
Medical Center of Central Georgia	115	107	30
Atlanta Medical Center	81	79	19
The Medical Center, Inc.*	53	47	11
Floyd Medical Center*	30	30	7
Phoebe Putney Memorial Hospital	16	16	4
Satilla Regional Medical Center	6	6	2
Total	2,221	2,046	575

- 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) and the American Osteopathic Association (http://opportunities.osteopathic.org).
- \*\*\* As reported by the teaching hospitals.
  - As shown in the table, 92% (2,046 of the 2,221) approved/accredited residency positions in Georgia are filled. This means the remaining 8% of positions are vacant. The majority of these unfilled positions are in primary care or other critical specialties such as emergency medicine, neurology, 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) and to identify potential solutions. For example, the programs may not be filled due to financial constraints of the sponsoring institution, reputation of the residency program(s), or there may be a lack of interested and/or qualified candidates.
  - 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 26.0% over the last ten years (from 1,763 in 2000-2001 to 2,221 in 2010-2011). Medical school enrollment has increased by 48.5% (from 1,515 medical students in 2000-2001 to 2,250 medical students in 2010-2011).

## 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 39<sup>th</sup> among the 50 states in total residents per 100,000 population (down from 37<sup>th</sup> in 2007). Georgia's rate of 20.8 residents per 100,000 is well below the national average of 35.7 residents per 100,000. (Source: AAMC Center for Workforce Studies; 2009 State Physician Workforce Data Book; November 2009.)
- To meet the national average of 35.7 residents per 100,000 population, Georgia would have to add a total of approximately 1,450 residency positions.
- Only one of the surrounding states (Florida at 17.9) has a total resident to population ratio lower than Georgia's.
- To reach the Southeast average of 24.0 residents per 100,000 population, Georgia would have to add a total of approximately 315 residency positions.

Comparison of Georg	ia's GME Capacity
Physicians in ACC	ME-Accredited
Residencies &	Fellowships
Per 100.000 F	Population

_	Rate per	Rank
U.S.	35.7	
Southeast	24.0	
TN	33.3	16 <sup>th</sup>
NC	31.4	18 <sup>th</sup>
AL	26.9	25 <sup>th</sup>
sc	25.2	31 <sup>st</sup>
GA	20.8	39th
FL	17.9	43 <sup>rd</sup>

Source: AAMC Center for Workforce Studies; <u>2009 State</u> Physician Workforce Data Book; November 2009.

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

- According to the GBPW's 2010 GME Exit Survey, an overwhelming majority (78%) of residents completing
  residency training in Georgia attended high school in another state or country. Additionally, only 20% of the
  respondents graduated from a Georgia medical school. These findings demonstrate Georgia continues to
  rely heavily on other states and countries to train needed physicians. (Note: The GBPW's 2010 GME Exit Survey
  was administered to 575 graduates. A total of 426 responses were received, yielding an overall response rate of 74%.)
- The overall retention rate for graduates of GBPW funded GME programs for the last five years was 63.1%, which is well above the last published national average of 47.4% (Sources: Graduate Practice Location Reports analyzed by GBPW staff; AAMC Center for Workforce Studies; 2009 State Physician Workforce Data Book; November 2009.)

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

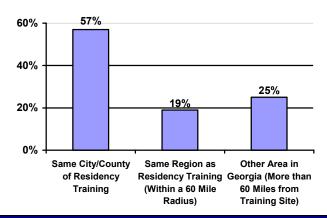
The top reasons for leaving Georgia included: proximity to family; better jobs in desired locations outside of Georgia; better salary offered outside of Georgia; and never intended to practice in Georgia. According to the GBPW's 2010 GME Exit Survey results, graduates leaving Georgia to practice in another state had a higher average expected salary (\$185,414) when compared to graduates that were staying in Georgia to practice (\$174,955).

### Do those who stay in Georgia practice in close proximity to their training site?

Nearly 76% of respondents remaining in the state reported plans to practice within a 60 mile radius of their residency program location. Residency training lasts a minimum of three years. During this time, residents not only treat patients, but they also establish ties in the local community.

## GME Graduates Reporting Confirmed Practice Plans in GA, by Proximity to Training Location, 2010 (n=139)

st Percentages were rounded to the nearest whole number.



The graph shows that for 2010, 57% of the respondents staying in Georgia are practicing in the same city/county of their residency training. Additionally, 19% of respondents reported plans to practice in the same region as residency training. These rates illustrate the contribution residency programs make to Georgia's supply and distribution of physicians.

### Are more physicians going into sub-specialties?

Since 2008, the rate of GBPW survey respondents pursuing sub-specialty training rose by 11% (from 19% in 2008 to 30% in both 2009 and 2010). One reason for the increase in sub-specialization may be the continued rise in medical education debt. Graduates responding to the 2010 GME Exit Survey reported the highest debt levels in the last five years with 75% of respondents having educational debt totaling \$100,000 or more.

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

Increasing medical school enrollment alone will not meet Georgia's need for physicians. Adding new residency training positions will require a coordinated effort and investment by the state in cooperation with the medical schools, teaching hospitals, and potential future physician training sites. Otherwise, the impact of Georgia's medical school expansion efforts will be lessened.

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