



# Education, Training and Recruitment of Family Physicians

Every year in the US, approximately 2,700 and 15,000 (a total of 17,700) students graduate from accredited osteopathic and allopathic medical schools, respectively. And every year, more than 24,000 physicians enter into MD or DO graduate training programs in this country. The gap between these two numbers is filled by International Medical Graduates (IMGs). In 2004, over 6,000 new residents were IMGs, with 4,000 being non-US IMGs. Thus, 25 percent of all 24,000 physicians entering into training are non US IMGs.

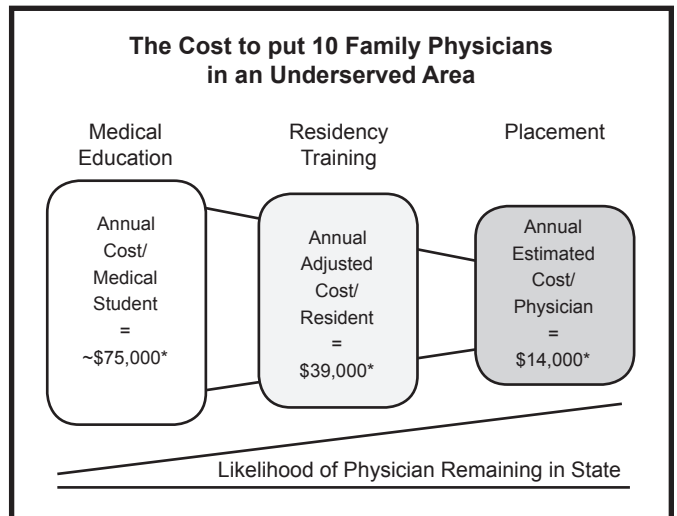
In 2005 the Council on Graduate Medical Education (COGME) and the Association of American Medical Colleges (AAMC) announced a physician shortage, respectively calling for 15 and 30 percent increases. The 2005 COGME report to Congress estimated a physician shortage of at least 90,000 full-time physicians by 2020. In response to this predicted shortage, the AAMC has called for a 30 percent increase in medical school enrollment from the 2002 level over the next decade. The AAMC has also reported that existing medical schools can only expand at most by 7 percent. This will leave an annual shortage of 1,700 new physicians. At first, the answer may seem to simply build more medical schools to fill this shortage. There are other policy options, though, that can help a state get doctors to practice where they are needed.

Simply increasing this number from 15,000 to 20,000 (~30 percent increase) will only serve to increase the number of allopathic graduates, and subsequently decrease the number of IMGs, in residency programs across the US. The number of total physicians in the US will stay the same unless the total number of physicians training in residency programs is concurrently increased.

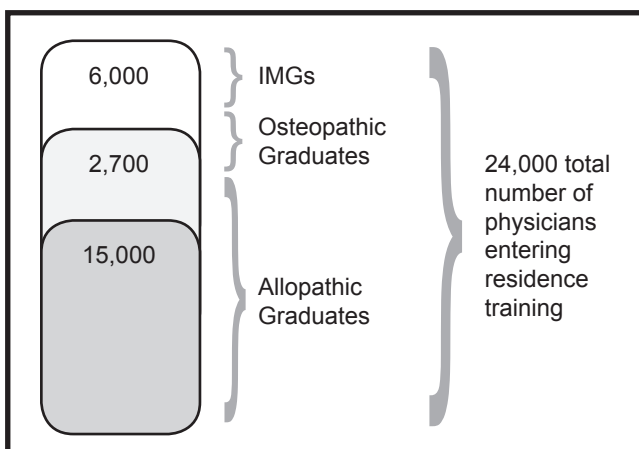
## Cost Comparison between Medical School and Residency

Consider example State X. In response to the predicted physician shortage, State X would like to increase the number of physicians produced within the state every year from 800 to 1000, an increase of 200 per year. State X has the options to allot more funding to expanding and building new medical schools or supporting and sustaining residency programs within the state. Let's compare the cost between funding medical schools and residency programs.

Producing 200 more graduates from existing medical schools will cost State X \$75,000 x 200 = \$15 million dollars (*not* including costs for building new facilities, if needed), as in the below illustration. In comparison, producing 200 more graduates from existing residency programs will cost State X \$39,000 x 200 = \$7.8 million.



Of the 200 medical school graduates, approximately historically 10 percent will go into Family Medicine, 13 percent into Surgery, 5 percent into OB-GYN, 20 percent into Internal Medicine and 7 percent into Pediatrics while the other 45 percent will go into various other specialties, with typically 50 percent or more leaving the state upon graduation. On the other hand, graduates of residency programs have already chosen their specialty. Therefore, funding could be given to specialties which are most needed within State X. Family medicine is a specialty distributing itself most like the general population, meaning that family physicians, more than any other specialty, likely will practice where a state needs them.



# Education, Training and Recruiting, continued

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## **State Support-for-Service Programs**

In an effort to entice new physicians to practice in medically underserved and rural areas, many states offer support-for-service programs, including:

- Scholarships
- Service-option loans
- Loan Repayment
- Direct Financial Incentives
- Resident Support Programs
- Practice Subsidies
- Forgivable Start-Up Capital

A 2004 study showed that compared to non-obligated physicians, physicians serving commitments to these state programs practiced in demonstrably medically-needier areas and cared for more uninsured patients and patients insured by Medicaid. The study also showed that service completion rates were greater than 90 percent for loan repayment, direct incentive and resident support programs. Furthermore, the study showed that these service obligated physicians stayed in their practices longer than non-obligated physicians; 55 percent stay at their service location over *eight* years.

Providing a sufficient physician workforce to meet healthcare access needs may require new medical schools in some states; however, supporting family medicine residency programs and providing incentives to practice in underserved areas—or both—may be a more cost effective option.

*\*Plausible estimate that will vary by state.*

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