Years of advocacy spearheaded by medical students and residents in Virginia, coordinating with other physicians in the state, have led to funding to create an additional 25 graduate medical education (GME) slots during a time of stagnant funding and unchanged volumes of available residency slots nationwide.

The federal government is the primary source of funding for GME. Congress, holding the purse strings, has not increased funding for residences since the late 1990s. That stagnation in funding is happening even as new medical schools are opening and existing medical schools are increasing their enrollments to meet the need for more physicians.

Observing an aging and frailer population, coupled with an insufficient supply of physicians to treat patients in its state, Virginia’s medical community took action.

“We needed to start exploring other options,” said Virginia native Joshua Lesko, MD, a delegate to the AMA Resident and Fellow Section. He was active in the campaign to push for more slots in the state. “We need more physicians and the current system isn’t sustainable.”

For the last few years, with help from the Medical Society of Virginia (MSV), an advocacy campaign composed of physicians, residents and medical students pushed for broader inclusion of GME funding in Virginia’s budget. In 2016, they finally received notice of approval for an additional $2.5 million for the 2017 budget, which will be used to fund 25 new GME residency slots beginning July 1.

The campaign began in 2014, when advocates for expanding residency slots in Virginia sent hundreds of emails to state legislators to educate them on the role of residents and the need for GME expansion. The campaign aimed to show the positive impact increased funding would have on the quality of life for Virginia’s citizens. Jenny Young, the MSV’s senior engagement and membership manager, worked alongside Dr. Lesko and other key members.
“In 2015, we really decided to take it up a notch, as students started to get behind the effort,” said Young. “We began framing it as a multiyear approach.”

The next step was a large social media campaign, “MSV for GME,” in which participants posted facts about the benefits of GME and shared a YouTube video to spread awareness.

Young believes that one key to the successful campaign won over legislators was by sharing personal stories. “2015 was when the students started their in-person advocacy task force for GME, so we had students come down and speak to the Virginia General Assembly,” said Young. “Their personal stories, year after year, made an impact legislatively.”

To help justify the budget increase, the legislators agreed to fund a study on the impact of residents and GME in the state. “It wasn’t what we wanted, but it was a step in the right direction,” said Dr. Lesko.

The study drew a line between funding, the number of residency slots open each year and the number of physicians available to the population. “The No. 1 predictor of where providers will practice is where they complete their residency,” said Dr. Lesko. “So it’s an investment to keep those doctors in the area.”

The study also showed the breadth of care that residents offer, with an emphasis on the proportion of care provided to veterans, seniors and underserved communities. Legislators learned that residents play major roles in staffing Veterans Health Administration facilities, as well as academic medical centers in the state that provide a significant amount of care to poor Virginians.

**Meeting the decision-makers**

In 2016, the MSV campaign ramped up to such a degree that medical students in the state had met with every member of the Virginia House of Delegates, along with all members of the Virginia State Senate’s appropriations and budget committees.

“We had very strong student leadership structure in Virginia, and we had staff dedicated in the MSV to working with students, so it was a combination of staff coordination and student leaders and really pushing them,” said Dr. Lesko.

The 25 new residency slots will be distributed between 13 primary care slots and 12 high-need specialty programs, with preference given to residency slots in underserved areas. In the meantime, the AMA continues to urge Congress to maintain current funding for GME, remove the existing cap on residency positions and support innovative solutions to expand GME.
The AMA recently sent a letter in support of the Resident Physician Shortage Reduction Act of 2017, which would provide 15,000 additional Medicare-supported GME positions over five years. Informing the public about the importance of GME and the crucial role that residents play in delivering health care in our country is the subject of a nationwide AMA campaign. Learn how to get involved and preserve funding for GME in your state at SaveGME.org.