

# AMA 2020 MEDICAL STUDENT ADVOCACY AND REGION CONFERENCE

## ISSUE BRIEF: GRADUATE MEDICAL EDUCATION

After the trials and tribulations of medical school—several years of countless challenges and immeasurable growth—we all hope to matriculate into a residency program to pursue further training. In the end, we join the ranks of those licensed physicians eligible for board certification. However, there is a significant hurdle affecting our prospects in The Match that we do not always hear about:

Each individual slot in a residency/GME program that is available must be funded—and right now because of too little funding, there are too few slots.

### **For Starters, What is GME?**

GME stands for Graduate Medical Education, as opposed to medical school, known as UME, or Undergraduate Medical Education. GME is the supervised training after medical school that physicians must complete prior to becoming licensed and practicing independently, like residency and fellowship.

### **How is GME financed?**

The federal government is by far the largest single source of GME funding, primarily through Medicare. [Medicare funding accounts for](#) about \$10.3 billion a year to fund over 85,000 full time equivalent trainees. Other sources include the Department of Veterans Affairs (\$1.5b), Medicaid (\$2.4b), Department of Defense, Children’s Hospital GME Program (\$0.25b), Teaching Health Centers GME Program (\$0.08b), some states, and [hospitals](#).

### **What does the physician workforce shortage look like?**

Now, as our population grows and ages, the demand for health care services grows. Workforce experts continue to predict that the [U.S. will face a significant physician shortage](#) for both primary care and specialty physicians over the next 10+ years if training positions are not expanded. The projected shortage of between 46,900 and 121,900 physicians by 2032 includes both primary care (between 21,100 and 55,200) and specialty care (between 24,800 and 65,800). Among specialists, the data project a shortage of between 1,900 and 12,100 medical specialists, 14,300 and 23,400 surgical specialists, and 20,600 and 39,100 other specialists, such as pathologists, neurologists, radiologists, and psychiatrists, by 2032. Did you see the specialty you plan to pursue here?

### **How does this affect us and patients?**

The crux of the GME issue is that access to care from generalists and specialists alike is at risk when the pipeline for training cannot keep up with patient needs.

The seeds of this problem were sown with the [Balanced Budget Act of 1997](#), which put caps on the number of federally funded residency training positions, freezing the number available to that which existed in 1996 despite a growing, aging population. [In response](#), first-year medical school enrollment grew by 25% between 2002 and 2015. [Yet, in 2019](#), the number of applicants in The Match exceeded total available positions by over 3,200 or about 8%. There is a significant need for first-year residency positions at ACGME-accredited programs to accommodate these new doctors.

As med students, we are perfect ambassadors for action. We invest significant amounts of time and money into our education, inching toward The Match, dreaming of serving patients. Our legislators need to know our stories!

## What impact do residents and physicians actually have on communities?

Roughly 40% of all charity care in the U.S. is provided by teaching facilities where residents learn—that's 8.4 billion dollars in care. Residents also often stay and practice in the towns where they train, benefiting local communities.

According to [AMA's 2018 Economic Impact Study](#), overall, 736,873 physicians provide patient care, supporting 12.6 million jobs. That is 17.1 jobs supported by each physician. In addition, physicians support \$1 trillion in total wages and benefits for workers, \$1.4 million per physician. In total state and local taxes, physicians generate \$929.9 billion in, or \$126,129 average total taxes per physician.

## What is [SaveGME.org](#)?

In 2013, AMA launched [SaveGME.org](#) to champion the needs of physicians-in-training and patients alike. Shareable [posts](#) and [videos](#) illustrate the magnitude of impact residents have on patient care in the United States. The content here is not just geared toward us, but toward the general public and our elected representatives! Spreading awareness on this issue can make all the difference. This week, amplify [SaveGME.org](#).

In addition, [AMA's Health Workforce Mapper](#) allows individuals to visualize the geographic distribution of our US Health Workforce, which may be particularly helpful for legislators concerned about their state or district. The 2018 Economic Impact Study also breaks down physician economic impact in the various states.

The above simply represent a snapshot of AMA's work for students and trainees.

## Bipartisan Legislation: Increase Residency Slots and Alleviate Physicians Shortage to Serve Our Aging, Growing Population

#OurAMA has long-supported legislative measures to increase GME funding. This year, AMA has supported the Resident Physician Shortage Reduction Act of 2019 ([H.R. 1763 in House of Representatives](#), [S. 348 in Senate](#)), which seeks to address the growing physician shortage and strengthen the nation's health care system by providing 15,000 additional Medicare-supported graduate medical education (GME) positions over five years. In addition, our AMA has supported the Opioid Workforce Act of 2019 ([H.R. 3414 in House of Representatives](#), [S. 2892 in Senate](#)) which would provide 1,000 additional Medicare-supported graduate medical education (GME) positions over five years in hospitals that have, or are in the process of establishing, accredited residency programs in addiction medicine, addiction psychiatry, or pain management. Use your experience to show why these bills matter.

### If you're meeting with your US Senator or their staff:

- See if they have co-sponsored Resident Physician Shortage Reduction Act of 2019 [S. 348 in Senate](#). If so, thank them. If not, encourage them to co-sponsor and pass this bill in the US Senate.

- See if they have co-sponsored the Opioid Workforce Act of 2019 [S. 2892 in Senate](#). If so, thank them. If not, encourage them to co-sponsor and pass this bill.

### If you're meeting with your US Representative or their staff:

- See if they have co-sponsored the Resident Physician Shortage Reduction Act of 2019 [H.R. 1763 in House of Representatives](#). If so, thank them. If not, encourage them to co-sponsor and pass this bill.

- See if they have co-sponsored the Opioid Workforce Act of 2019 [H.R. 3414 in House of Representatives](#). If so, thank them. If not, encourage them to co-sponsor and pass this bill.

AMA additionally supports "Cap-Flexibility." Currently, new teaching hospitals have five years to establish their residency programs before the institution's Medicare GME funding cap is set. Cap flexibility would help address our national physician workforce shortage by providing teaching hospitals additional time to establish Medicare Graduate Medical Education (GME) caps if they establish new residency training programs. However, these new programs must address specialty shortages specific to their local area, for example to address a local shortage of OB/GYN or geriatric specialists. New "shortage specialty programs" would be given their own 5-year period, separate from the teaching hospital's five-year cap building period, to build out their program.

- Ask your US Senator or Representative to urge the Center for Medicare and Medicaid Services to leverage its existing authority to adopt cap flexibility so that the US is able to supply a sufficient number of primary care and specialist physicians to meet the needs of individuals in medically underserved and/or economically depressed areas.