

GME squeeze for US med school graduates unlikely, commentary says

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Will U.S. medical students have trouble securing residency positions in the future as they have been warned by media and groups representing organized medicine? Not likely, according to a new analysis by researchers at the George Washington (GW) University Health Workforce Institute.

News reports recently suggested that insufficient residency slots for US medical graduates could leave them unable to practice medicine, a troubling scenario often attributed to the unwillingness of the US Congress to spend more money funding graduate medical education (GME). The study conducted by Fitzhugh Mullan, MD, co-director of the GW Health Workforce Institute, and colleagues Edward Salsberg and Katie Weider examined the plausibility of those warnings.

To do that they looked at the last decade of data on the increasing numbers of US medical graduates as well as trends in the growth of first year residency positions around the country. They found that in 2014 there were 6837 more first-year positions than there were graduates of all allopathic and osteopathic medical schools in the US. These "gap" positions are filled by international medical graduates (IMGs).

Projecting these trends forward, Mullan and his colleagues found that residency slots will continue to exceed the number of U.S. medical graduates seeking them for at least the next decade. In 2024, they project there will be 4,608 more residency openings than US [medical graduates](#) to fill them.

"Any current or foreseeable failure of U.S. graduates to obtain residency positions is not attributable to a lack of positions," they write in the commentary, which was published online November 4 in the *New England Journal of Medicine (NEJM)*.

That's not to say that US medical students won't encounter more competition in future years, Mullan says, but the good news is that there will be ample training opportunities for US graduates.

The result of the narrowing in the gap between graduates and positions will likely result in fewer IMGs attaining training positions in the United States. The authors point out that this will be an important contribution to attenuating the global brain drain, a long standing problem for the health systems of many low income countries.

They go on to say that, given their analysis, it is difficult to argue that Congress should fund more GME positions. "The primary goal of GME support, it should be noted, is to produce trained physicians to meet the country's healthcare needs and not to fulfill the personal preferences of individual graduates for the specialties of their choice," the authors say.

Given the concern about a potential shortfall in training positions for U.S. graduates, "we carefully reviewed the data to assess what has actually been happening over the past several years to help guide the assessment of future needs," says co-author Salsberg, who is now on the steering committee for the GW Health Workforce Institute and holds joint appointments at the GW School of Nursing and Milken Institute School of Public Health. Formerly, Salsberg served as the director of the federal National Center for Health Workforce Analysis.

The GW Health Workforce Institute is a chartered institute based at the Milken Institute School of Public Health and involving the work of more than 30 faculty members and staff at a total of six GW schools. The

Institute's mission is to study and strengthen health workforce policies in the United States and around the world.

The commentary, "Why a GME Squeeze is Unlikely," will appear in the December 17 print edition of the *NEJM*.

Provided by George Washington University

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