

GRADUATE MEDICAL EDUCATION

Overview

An appropriate supply of well-educated and trained physicians — both in specialty and primary care — is essential to ensure access to quality health care services for all Americans. Unfortunately, the nation is facing an acute shortage of physicians, due to an aging population and the expansion of health insurance coverage through the Affordable Care Act (ACA). New research from the Association of American Medical Colleges (AAMC) continues to point to a severe shortage between 46,900 and 121,900 physicians by 2032 — with a shortfall of up to 55,200 in primary care and 65,800 in specialty care (including surgeons). The supply of surgeons, in particular, is projected to have little growth by 2032, but projected demand is expected to increase, resulting in a shortage of between 14,300 to 23,400 surgeons by 2032.

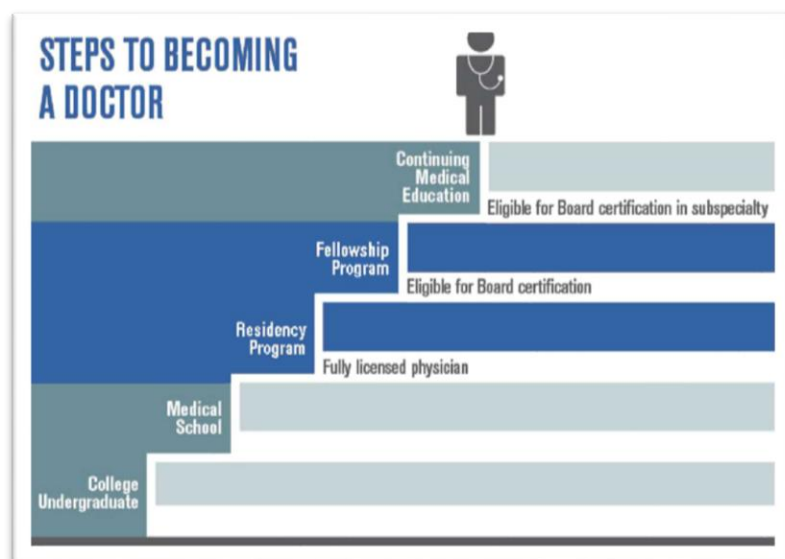
The federal government — primarily through Medicare — provides funds to support graduate medical education (GME). Unfortunately, however, while medical schools in the U.S. have increased their enrollments, and additional medical and osteopathic schools have been established, the number of Medicare-funded resident positions has been capped by law at 1996 levels.

Neurosurgical Residency Training

The Accreditation Council for Graduate Medical Education (ACGME) is an independent, not-for-profit, organization that sets and monitors the professional educational standards for residency training. In 2014, the ACGME, American Association of Colleges of Osteopathic Medicine (AACOM), and the American Osteopathic Association (AOA) entered into an agreement to establish a single GME accreditation system so as to align medical residency and fellowship standards for all medical graduates — whether from allopathic (MD) or osteopathic (DO) schools.

There are 115 accredited neurosurgical residency programs in the U.S., including four that were formerly accredited by the AOA. An additional six osteopathic programs that are currently AOA accredited have pre-

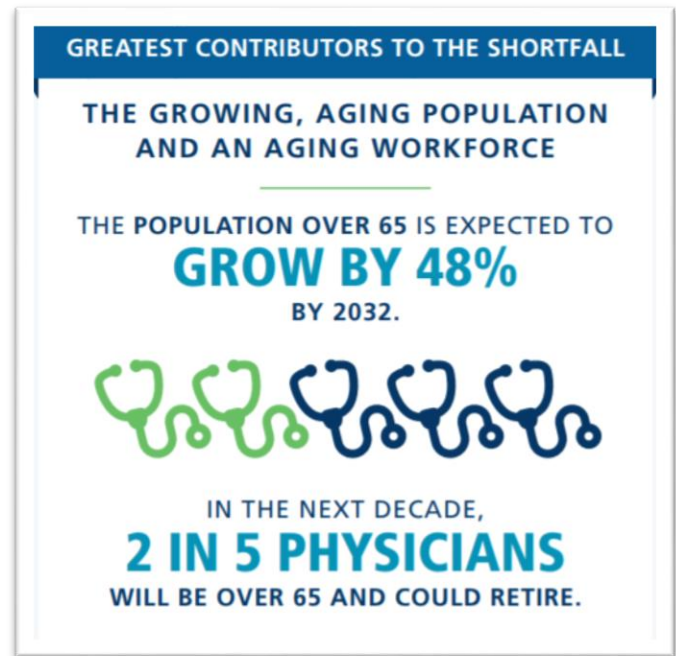
accreditation status under the new single accreditation program. Last year, there were 1,408 neurosurgical residents in an ACGME-approved program, and 189 graduates completed their residency in June 2018. Neurosurgical training is rigorous, and the length of post-graduate residency training for neurosurgeons is among the longest, now at seven years. Subspecialty fellowship training, which many neurosurgical residents pursue, adds an additional one to two years. To become board certified by the American Board of Neurological Surgery (ABNS), an individual must have graduated from an accredited medical school and have completed a neurosurgical residency training in a program that is accredited by the ACGME.



Recommendations

To ensure an adequate supply of physicians and allow the graduate medical education system to operate optimally, policymakers should:

- (1) Eliminate the current graduate medical education (GME) funding caps and increase the number of funded residency positions;
- (2) Expand funding to fully cover the entire length of training required for initial board certification;
- (3) Channel a larger percentage of GME funds directly to the academic departments responsible for resident education;
- (4) Maintain current financial support for children's hospital GME;
- (5) Encourage all payers to contribute to GME programs;
- (6) Allow residents to bill for the services they render after achieving verified competence in particular skills;
- (7) Provide additional funding to investigate innovative approaches to modernized GME;
- (8) Supply the profession with the tools, including antitrust relief, to ensure a well-trained physician workforce;
- (9) Preserve the ability of surgeons to maximize education and training opportunities by performing overlapping surgical procedures and allowing for more flexible resident duty hours; and
- (10) Reject additional unnecessary layers of regulations and ensure that the AAMC, ACGME, and the American Board of Medical Specialties (ABMS) retain their preeminent roles in overseeing resident training and education.



Legislation

The Resident Physician Shortage Reduction Act (H.R. 1763/S. 348) would help address the physician shortage problem. Introduced by Reps. **Terri Sewell** (D-Ala.) and **John Katko** (R-N.Y.) in the House, and Sens. **Robert Menendez** (D-N.J.), **John Boozman** (R-Ark.) and **Charles Schumer** (D-N.Y.) in the Senate, the Resident Physician Shortage Reduction Act will improve the nation's GME system and help to preserve access to specialty care by:

- Increasing the number of Medicare-supported GME residency slots by 15,000 over the next five years;
- Directing one-half of the newly available positions to training in shortage specialties;
- Specifying priorities for distributing the new slots (e.g., states with new medical schools); and
- Studying strategies to increase the diversity of the health professional workforce.

PLEASE COSPONSOR H.R. 1763/S. 348
The Resident Physician Shortage Reduction Act

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