

AMA student guide to advocacy

Crash course in protecting graduate medical education

What is GME?

GME stands for “graduate medical education,” more commonly referred to as “residency.” This is the training physicians must complete in order to practice or specialize following medical school. The vast majority of GME positions are funded through federal dollars, primarily Medicare and Medicaid.

What is the problem?

In the Balanced Budget Act of 1997, Congress placed a cap on the number of GME positions that could be funded by Medicare. This cap is at odds with a U.S. population that is growing and aging, and with the increasing number of individuals accessing the health care system due to the Affordable Care Act. Workforce experts predict a physician shortage of 46,000–90,000 by 2025.

The bottleneck for new physicians moving through the pipeline occurs at the residency level. Medical schools have increased their enrollments and new schools are producing graduates to respond to the physician shortage. However, as we no longer have sufficient GME spots to accommodate all of the medical students hoping to train in the United States, increasing numbers of newly minted doctors are finding themselves without a residency to complete their training. In 2015 more than 600 U.S. graduates did not match to residency positions. Moreover, this number does not take into account the international medical graduates that cannot find a position but are vital to the health care workforce.

What is the American Medical Association advocating for?

Our chief concern is first to maintain current funding levels for GME, then to expand the number of GME positions available to eligible trainees. We also want to ensure that any method used to create new positions will not inadvertently create an adverse effect on existing residency programs or patient access.

How can I make an impact?

As a current medical student you are directly affected by the shortage in GME and your personal story matters! Legislators and their staff are very interested in hearing from future health care providers. Share your passion for medicine and caring for patients, as well as tell your story about how and where you hope to serve the community in the future. Your ability to complete your individual training affects patient access to care. Help those in positions of power to understand this is not just a personal problem but a public health crisis in the making.

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Key talking points for graduate medical education

- **Explain what it takes to become a physician** and to encourage our nation's best and brightest students to pursue medical careers. Becoming a physician requires a huge personal and financial commitment.
 - It takes a minimum of seven years to train a doctor after the receipt of an undergraduate degree. Medical students attend four years of medical school, followed by an additional residency training of three to nine years to specialize and become licensed to practice.
 - As of 2015 the average medical student debt is \$180,723 with 45 percent of medical students graduating with debt balances of more than \$200,000, according to the Association of American Medical Colleges.
- **Highlight the current physician shortage crisis.** The United States is facing a severe shortage of doctors that's expected to get exponentially worse as the population continues to grow and our current aging physician workforce moves towards retirement.
 - **It is projected that by 2025 we will have up to 90,000 fewer physicians than the country needs.** While advances in technology and workflow will certainly make physicians more efficient over time, the need for more doctors is still greater than ever to take on the current challenges in the health care system.
 - **Since it takes more than seven years to train a doctor, we need to act now.**
- **The American Medical Association supports legislation that would expand graduate medical education (GME) positions to address the physician shortage.**
 - Resident Physician Shortage Reduction Act of 2015 (H.R. 2124/S. 1148) would create 15,000 new positions over five years
 - Creating Access to Residency Education (CARE) Act of 2015 (H.R. 1117) would establish \$25 million in matching grants to fund new positions in states with low ratios of residents
 - Physicians are key members of America's workforce who contribute substantial benefits to the economy. On average physicians contribute **1.6 trillion dollars** in total economic impact per year. A physician contributes an average of \$90,449 in state and federal tax revenue per year. Additionally, each physician supports an average of **13 jobs** in a community.

- Although medical schools have expanded to accommodate more students, there is an insufficient number of residency training positions available due to inadequate funding for GME. This means students may graduate from medical school and not be able to complete their training. Additionally, international medical graduates, who are more likely to practice primary care in underserved areas, may not be able to train in the United States. In 2015 more than 600 U.S. graduates did not match to residency positions.
- With a high debt burden and uncertainty about residency training positions, students—especially those from diverse ethnic and socioeconomic backgrounds—may be discouraged from pursuing a medical career, which will have a major impact on patient access to care.
- Teaching hospitals make up 6 percent of hospitals, but provide approximately 40 percent of hospital charity care. This is possible because of residents who provide care for 1 in 5 hospitalized patients, including our seniors, veterans and patients in underserved communities.
- **We are seeking additional champions in Congress as well as innovative solutions to help advance this critical issue, which will dramatically affect access to health care for the entire country.**