

Training & Practice Update

February 2003 Volume 1, Issue 1

Fellows in Geriatric Medicine and Geriatric Psychiatry Programs

ADGAP's Longitudinal Study of Training and Practice compiled data from the AMA/AAMC National Graduate Medical Education Census to examine growth trends in geriatric medicine and geriatric psychiatry fellowship programs' accredited by the Accreditation Council for Graduate Medical Education (ACGME).

Geriatric Medicine

In 2001-2002, 120 geriatric medicine fellowship programs were accredited by the residency review committees for family practice and internal medicine, an increase of one new program from the previous year. The number of available first year positions increased by 11% from the previous year, to 373 positions in 2001-2002.

The number of filled first year positions increased by 5% from 247 in 2000-2001 to 259 in 2001-2002. However, since the growth rate in positions outpaced the applicant pool, the fill rate for first year positions fell to 69%, the lowest level since 1996-1997.

During 2001-2002, the total number of geriatric medicine fellows in all years of training was 338, an increase of 5% from 2000-2001. The number of fellows enrolled in second year or beyond positions increased by 7% as compared to the previous year. United States medical school graduates represented 45% of enrolled fellows in 2001-2002, a percentage that has remained stable over the past eight years.

**Geriatric Medicine Fellowship Programs
(Internal Medicine and Family Practice)**

Academic Year	Programs	Fellows (All Years of Training)	Fellows 2 nd Year & Beyond	IMGs (All Years of Training)	1 st Year Positions Available	1 st Year Fellow Positions & % of Filled 1 st Year Positions	Fellows Completing Program
1991-1992	92	198	—	64 (32.3%)	—	—	—
1992-1993	97	215	—	88 (40.9%)	—	—	117
1993-1994	98	225	—	111 (49.3%)	163	—	118
1994-1995	99	220	—	115 (52.3%)	192	—	117
1995-1996	99	223	106 (47.5%)	132 (59.2%)	206	117 (56.7%)	101
1996-1997	103	242	98 (40.5%)	145 (59.9%)	222	144 (64.9%)	129
1997-1998	107	305	100 (32.8%)	170 (55.7%)	226	205 (90.7%)	181
1998-1999	112	335	96 (28.7%)	209 (62.4%)	262	239 (91.2%)	222
1999-2000	114	368	99 (26.9%)	218 (59.2%)	307	269 (87.6%)	294
2000-2001	119	321	74 (23.1%)	187 (58.3%)	337	247 (73.3%)	276
2001-2002	120	338	79 (23.4%)	187 (55.3%)	373	259 (69.4%)	—
2002-2003	—	—	—	—	394	—	—

Geriatric Psychiatry

In 2001-2002, 62 geriatric psychiatry fellowship programs were accredited by the residency review committee for psychiatry, an increase of one new program from the previous year. The number of available first year positions increased by 6% from the previous year, to 132 positions in 2001-2002. The number of filled first year positions increased by 2.5% from 79 in 2000-2001 to 81 in 2001-2002. Similar to geriatric medicine, since the growth rate in positions outpaced the applicant pool, the fill rate for first year positions

fell to 61.4%, the lowest level documented since 1995.

During 2001-2002, the total number of geriatric psychiatry fellows in all years of training was 94, an increase of 9% from 2000-2001. The number of fellows enrolled in second year or beyond positions nearly doubled to 13 as compared to 7 in 2000-2001. United States medical school graduates represented 43% of enrolled geriatric psychiatry fellows in 2001-2002, a percentage that has steadily decreased since 1997.

Geriatric Psychiatry Fellowship Programs

Academic Year	Programs	Fellows (All Years of Training)	Fellows 2 nd Year & Beyond	IMGs (All Years of Training)	1 st Year Positions Available	1 st Year Fellow Positions & % of Filled 1 st Year Positions	Fellows Completing Program
1995-1996	38	38	3 (7.9%)	20 (52.6%)	—	35	35
1996-1997	44	82	5 (6.1%)	33 (40.2%)	82	77 (93.9%)	72
1997-1998	47	84	3 (3.6%)	47 (56.0%)	98	81 (82.6%)	78
1998-1999	49	91	2 (2.2%)	60 (65.9%)	107	89 (83.2%)	86
1999-2000	55	98	3 (3.1%)	66 (67.3%)	113	95 (84.1%)	91
2000-2001	61	86	7 (8.1%)	50 (58.1%)	125	79 (63.2%)	79
2001-2002	62	94	13 (13.8%)	54 (57.4%)	132	81 (61.4%)	—
2002-2003	—	—	—	—	137	—	—

Comments

The source of applicants for geriatric medicine training is primary care residency programs and for geriatric psychiatry is general psychiatry residency programs. Family practice, general internal medicine, and general psychiatry have all been less attractive career options for medical students over the past several years. Geriatrics, primary care, and general psychiatry share many common challenges, including the growth of specialization, the growing income gap between specialists and

generalists, managed care, and pro-technology biases in fee-for-service payment. In addition, the recent reduction in Medicare reimbursement rates has led to young physicians reluctance to become economically dependent on Medicare.

Amidst these secular trends, it is remarkable that the number of fellows-in-training in geriatric medicine and geriatric psychiatry increased during 2001-2002, although these levels remain slightly below the 1999-2000 peak for both disciplines.

Unfortunately with anticipated geriatrician retirement and projected low re-certification rates, the current number of fellows graduating from training programs is well below the replacement rate. Also, in 2001-2002, only 23% of medicine and 14% of psychiatry fellows had continued training for a second year or beyond. Advanced training, in addition to the one-year clinical fellowship, is essential for clinician-researcher career development.

Fortunately, new initiatives, such as, the John A. Hartford Foundation /Association of American Medical Colleges medical student curriculum initiative, and the Donald W. Reynolds Foundation geriatrics training initiative are significantly expanding student and resident training in geriatrics. Whether these exciting initiatives, and other similar private and public efforts, can counter the negative trends and increase enthusiasm for careers in geriatrics is an important question that remains to be answered.

Note: Data presented are on programs accredited by the ACGME, and therefore do not include osteopathic medicine fellowship programs.

Longitudinal Study of Training & Practice In Geriatric Medicine National Oversight Panel

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This work was supported by a grant from the Donald W. Reynolds Foundation in Las Vegas, Nevada.