

Training & Practice Update

May 2005 Volume 3, Issue 1

Geriatricians and Geriatric Psychiatrists

This issue of the *Training & Practice Update* examines trends in certification and re-certification in geriatric medicine and geriatric psychiatry and predicts a significant decline in geriatricians and geriatric psychiatrists by 2030 when the older population in American reaches 71.5 million. Two years ago, in May 2003, the *Update* presented data regarding the number of physicians certified in geriatric medicine and geriatric psychiatry and discussed some reasons for the decline in numbers of physicians preparing to care for Americans 65 years and older. (See <http://www.adgapstudy.uc.edu>)

Certified Geriatricians

Certificates of added qualifications in geriatric medicine (CAQs) were established by the American Medicine (ABFM) and the American Board of

Internal Medicine (ABIM) in 1988. From 1988 through 2004 there were 10,853 CAQs awarded: 3,180 in Family Medicine and 7,673 in Internal Medicine. Of these, 76% (8,272) were awarded when the practice pathway option existed. Only 24% (2,581) of the CAQs were awarded since the practice pathway option ended in 1994 and only graduates from accredited geriatric fellowship programs could take the exam.

In 2003, the distribution of allopathic geriatricians varied considerably by state, with the national average number of geriatricians being 4.2 per 10,000 persons over the age of 75. Individual state rates ranged from 1.7 to 8.5 per 10,000. This average had decreased from 2001, when the national average was 5.5 per 10,000 persons over the age of 75 and the range was from 2.2 to 15.9.

**Certificates in Added Qualifications (CAQs)
 Awarded in Geriatric Medicine**

Year	Family Medicine	Internal Medicine	Total
1988	752	1,654	2,406
1990	473	1,204	1,677
1992	597	1,254	1,851
1994	771	1,568	2,339
1996	254	291	545
1998	102	337	439
1999	28	183	211
2000	27	200	227
2001	21	193	214
2002	30	270	300
2003	53	263	316
2004	72	256	328
Total	3,180	7,673	10,853

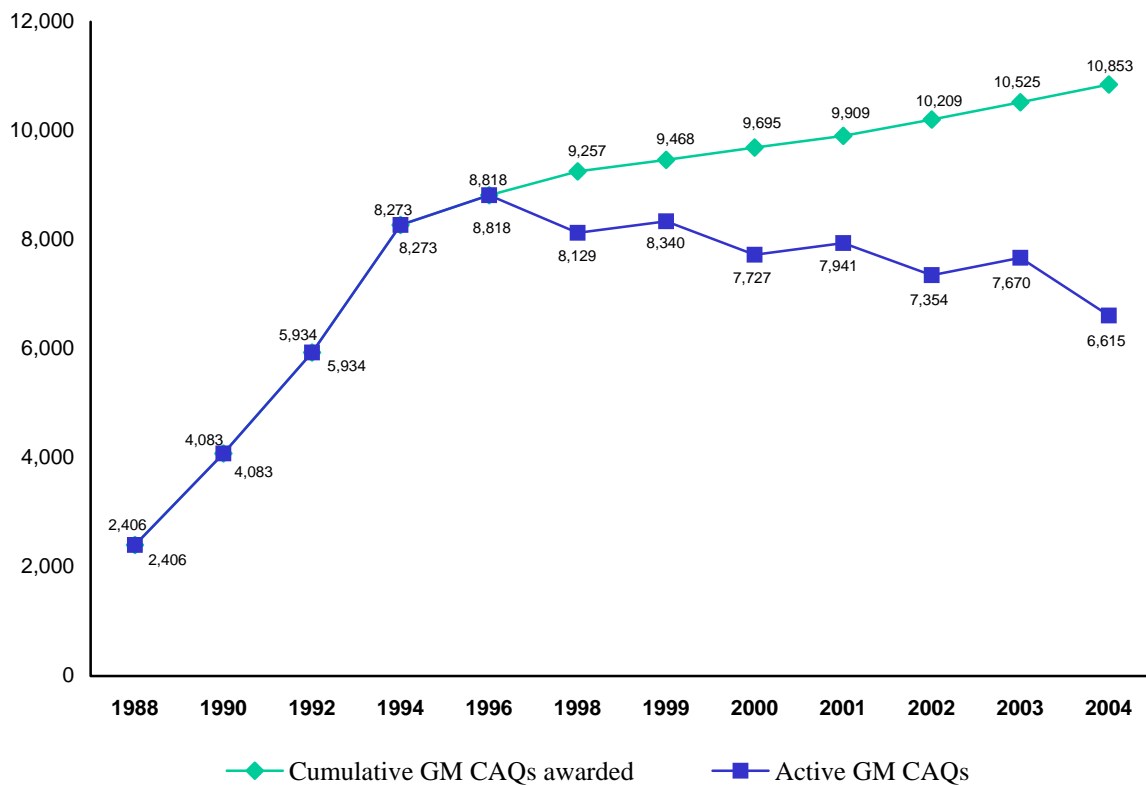
Re-certification

The CAQs are time limited, and diplomats must re-certify every 10 years. The 8,272 CAQs awarded to diplomats certified in 1988, 1990, 1992, and 1994

have now expired. Only 44% (2,515) of diplomats certified by the ABIM and 59% (1,520) of those certified by the ABFM have re-certified.

Re-certification in Geriatric Medicine by Year of Original Certification				
Year	Family Medicine		Internal Medicine	
	Certified	Re-certified	Certified	Re-certified
1988	752	477 (63%)	1,654	801 (48%)
1990	473	313 (66%)	1,204	524 (44%)
1992	597	359 (60%)	1,254	605 (48%)
1994	771	371 (48%)	1,568	585 (37%)
Total	2,593	1,520 (59%)	5,679	2,515 (44%)

Comparison of Cumulative Geriatric Medicine (GM) Certificates of Added Qualifications (CAQs) Awarded to Active GM CAQs



Certified Geriatric Psychiatrists

In 1989, a Certificate of Added Qualifications in Geriatric Psychiatry was approved, and in 1991 the first examination was administered. From 1991-2004, 2,699 certificates were awarded. Similar to geriatric medicine, a practice pathway option for certification by the American Board of Psychiatry and Neurology (ABPN) was available through 1996. Of the 2,699 certificates awarded, 87% (2,360) were awarded while the practice pathway option existed, and 13% (339) were awarded since only graduates of fellowship programs could sit for the examination.

(In 1997, the ABPN discontinued using the term “Added Qualification”, and changed the examination to a certification in the subspecialty of geriatric psychiatry.)

The distribution of geriatric psychiatrists also decreased in 2003 compared to 2001. In 2003 the national mean of geriatric psychiatrists per 10,000 population age >75 was 1.3, with a range by state of 0 to 3.5. In 2001, the national average number of geriatric psychiatrists was 1.4, and states ranged from 0.5 to 4.1.

Certification in Geriatric Psychiatry	
Year	Certified
1991	490
1992	359
1994	422
1995	376
1996	713
1998	65
2000	83
2002	87
2004	104
Total	2,699

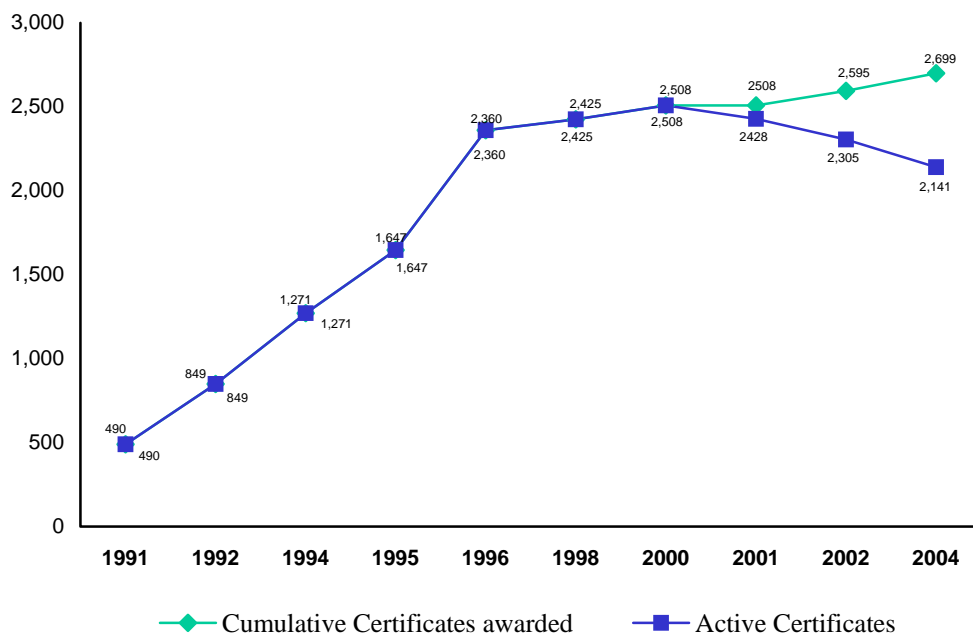
Re-certification

Similar to the situation in geriatric medicine, geriatric psychiatry certificates are valid for 10 years. Diplomats from 1991, 1992, and 1994 have been

required to re-certify. Of the 1,271 diplomats certified in that time frame, only 56% (713) have re-certified.

Re-certification in Geriatric Psychiatry by Year of Original Certification		
Year	Certified	Re-certified
1991	490	323 (66%)
1992	359	236 (66%)
1994	422	154 (36%)
Total	1,271	713 (56%)

Comparison of Number of Certificates Awarded in the Subspecialty of Geriatric Psychiatry to the Number of Active Certificates



Comments

Data from the ABFM, ABIM and ABPN suggest that many of the early geriatric medicine and psychiatry diplomats are not returning for re-certification. Although ABFM/ABIM diplomats certified from the 1988, 1990, 1992, and 1994 and ABPN diplomats from 1990, 1992, and 1994 are eligible to apply for re-certification, to date only about 49% and 56% respectively have done so. Comparative data regarding subspecialty re-certification from the ABIM indicates that 88% of the 10,138 subspecialty diplomats (not including critical care and geriatric medicine) have enrolled in the maintenance of certification process and 87% have completed the process.¹

The specific reasons geriatricians are re-certifying in low numbers are not known, but several possibilities can be suggested. A number of the earliest diplomats may be nearing retirement age and have decided to forgo further certifying exams. Many of the initial practice pathway diplomats were unsure of the practical significance of geriatric medicine certification and chose to certify as insurance to protect the economics of their future practices. As reported previously (see October 2004 *Update*), geriatricians in

academic and community settings do not have a compensation advantage as compared to family physicians or general internists without geriatrics training.

Experts estimate that the nation will need approximately 36,000 geriatricians by 2030². There are currently 6,615 certified geriatricians or one geriatrician for every 2,510 Americans 75 years of age and older. Due to the expected increase in the number of older Americans, this number is expected to decrease by 2030 to one geriatrician for every 3,592 older Americans. There are many fewer geriatric psychiatrists. Currently there are 2,141 geriatric psychiatrists - one for every 7,753 older Americans. The number of geriatric psychiatrists is projected to decrease by 2030 to one per 18,460 Americans 75 years and older. The number of fellows entering geriatric medicine and geriatric psychiatry fellowship programs is not sufficient to replace the number of geriatricians and geriatric psychiatrists who are retiring or not re-certifying, let alone enough to reach the goal of 36,000 geriatricians by 2030.

References

¹American Board of Internal Medicine. Maintenance of Certification Participation Rates 1990-1993 Cohort Classes. Available at <http://www.abim.org/resources/mocenroll.shtm> Accessed April 18, 2005.

²Alliance for Aging Research. Ten Reasons Why America is Not Ready for the Coming Age Boom. Alliance for Aging Research: Washington, DC. February 2002.

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

M . Brownell Anderson
Association of American Medical Colleges

Robert F. Avant, MD
American Board of Family Practice

Linda H. Barondess
American Geriatrics Society

Robin A. Barr, PhD
National Institute on Aging

James F. Burris, MD
Veterans Health Administration

John Burton, MD
Johns Hopkins Geriatrics Center

Thomas Cavalieri, DO
*American Association of Colleges of
Osteopathic Medicine*

Leslie Goode, MHS
American Board of Internal Medicine

William J. Hall, MD
University of Rochester

William R. Hazzard
University of Washington

Seth Landefeld, MD
University of California, San Francisco

Stephanie Lederman
American Federation for Aging Research

Rosanne Leipzig, MD, PhD
Mount Sinai School of Medicine

Susan Lieff, MD
American Association for Geriatric Psychiatry

Donna Regenstreif, PhD
John A. Hartford Foundation

David B. Reuben, MD
University of California, Los Angeles

Judith Salerno, MD
National Institute on Aging

Joanne Schwartzberg, MD
American Medical Association

Richard S. Sharpe
Donald W. Reynolds Foundation

Philip Sloane, MD, MPH
University of North Carolina

Rani Snyder
Donald W. Reynolds Foundation

Joan Weiss, PhD, RN
Bureau of Health Professions

Editors: Elizabeth Bragg, PhD, RN and Gregg Warshaw, MD



Association of Directors of Geriatric Academic Programs
(ADGAP)

The Empire State Building
350 Fifth Avenue, Suite 801
New York, NY 10118

If you would like to be placed on our mailing list to receive the Updates automatically,
please write or e-mail Elizabeth Bragg at the following address:

Institute for the Study of Health

University of Cincinnati
3202 Eden Avenue, French East, Suite 275
PO Box 670840
Cincinnati, OH 45267-0840
Phone: 513-558-8792
Fax: 513-558-2744
Email: Elizabeth.Bragg@uc.edu
www.adgapstudy.uc.edu

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