

**Association of Directors of Geriatric Academic Programs (ADGAP)**  
**Longitudinal Study of Training and Practice in Geriatric Medicine**

# Training & Practice Update

October 2005 Volume 3, Issue 2

## *Fellows in Geriatric Medicine and Geriatric Psychiatry Programs*

This issue of the *Training & Practice Update* examines trends in geriatric medicine (GM) and geriatric psychiatry (GP) fellowship programs accredited by the Accreditation Council for Graduate Medical Education (ACGME). This report updates our February 2003 review (See <http://www.ADGAPstudy.uc.edu>). The data were compiled from the American Medical Association/ Association of American Medical Colleges (AMA/ AAMC) National Graduate Medical Education Census on GM and GP fellowship programs.

### **Geriatric Medicine**

In 2004-05, 131 geriatric medicine fellowship programs - 100 in Internal Medicine (IM) and 31 in Family Medicine (FM) - were accredited by the residency review committees for family medicine and internal medicine. This represented an increase of 11 new programs since 2001-02. Eight of these new programs were started in FM. The number of available first year positions increased by 19% to 444 from 2001-02, while the number of first year fellows-in-training increased by 15% to 298. However, 33%

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

Academic Year	Programs	Fellows (All Years of Training)	Fellows 2 <sup>nd</sup> Year & Beyond & % of All Fellows	IMGs (All Years of Training)	1 <sup>st</sup> Year Positions Available	1 <sup>st</sup> Year Fellows & % of Filled First 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 (56.8%)	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%)	295
2002-2003	127	368	76 (20.7%)	190 (51.6%)	394	292 (74.1%)	321
2003-2004	129	352	62 (17.6%)	201 (57.1%)	430	290 (67.4%)	313
2004-2005	131	334	36 (10.8%)	184 (55.1%)	444	298 (67.1%)	--
2005-2006					442		

of the available first-year positions in 2004-05 were not filled, compared to 31% of positions unfilled in 2001-02.

The *total* number of geriatric medicine fellows in all years of training remained nearly the same over the past 3-years; 338 in 2001-02 and 334 in 2004-2005. Much more striking was the decrease in fellows enrolled in second year or beyond positions. There were 79 such fellows in 2001-02, but only 36 in 2004-05, representing a 54% decrease. International medical school graduates (IMGs) currently represent 55% of enrolled fellows, a percentage that has remained stable over the past 11 years.

### Geriatric Psychiatry

In 2001-02, 62 geriatric psychiatry fellowship

programs were accredited by the residency review committee for psychiatry. By 2004-05 that number had decreased to 60 programs. The number of available first year positions increased from 132 to 135, but the number of first year fellows-in-training decreased slightly from 81 to 76. The fill rate for first year positions fell from 61% in 2001-2002 to 56% in 2004-2005.

During 2001-02, the *total* number of geriatric psychiatry fellows in all years of training was 94. In 2004-05 that number had decreased by 16% to 79 fellows. Second year and beyond fellows accounted for almost all of the decline since there were 13 such fellows in 2001-02, but only 3 in 2004-05. IMGs represent 61% of GP fellows.

Geriatric Psychiatry Fellowship Programs							
Academic Year	Programs	Fellows (All Years of Training)	Fellows 2 <sup>nd</sup> Year & Beyond & % of All Fellows	IMGs (All Years of Training)	1 <sup>st</sup> Year Positions Available	1 <sup>st</sup> Year Fellows & % of Filled First 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%)	79
2002-2003	61	86	13 (15.1%)	49 (57.0%)	137	73 (53.3%)	85
2003-2004	59	86	1 (1.2%)	62 (72.1%)	137	85 (62.0%)	84
2004-2005	60	79	3 (3.8%)	48 (60.8%)	135	76 (56.3%)	
2005-2006					137		

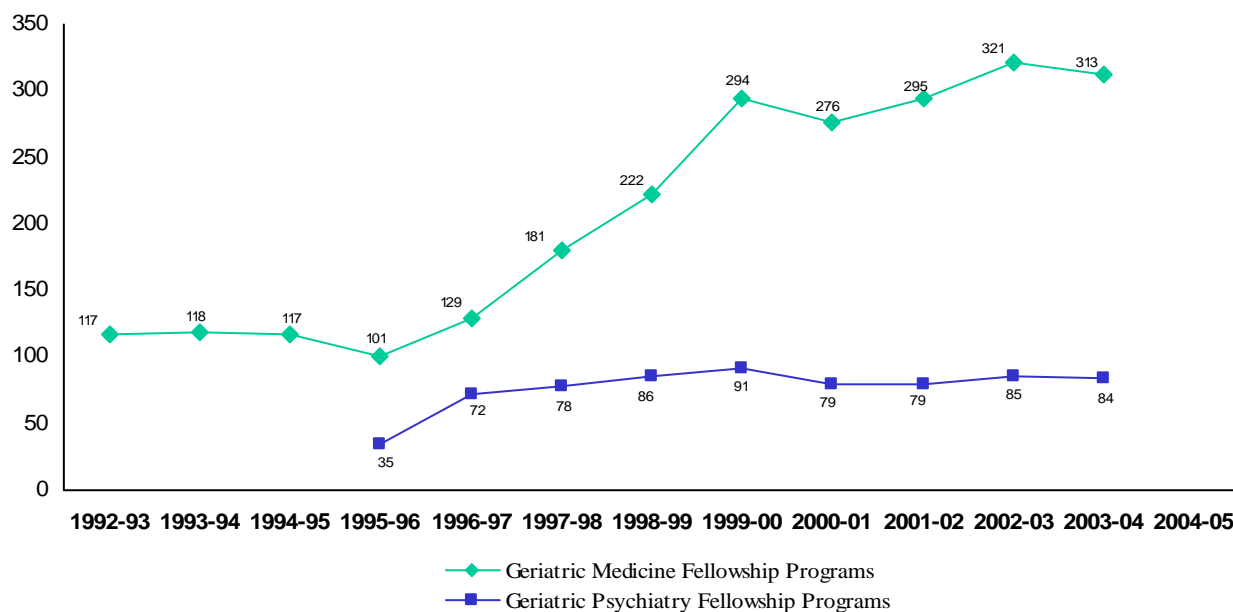
### Comments

Geriatric medicine and psychiatry fellowship programs are the source of future geriatrics faculty for medical schools and residency programs, and for geriatrician clinician leaders in the community. The ACGME accredits one-year of clinical training for geriatric medicine or geriatric psychiatry. Fellows who choose to continue their training beyond these first 12 months generally focus on additional training in research or teaching skills. Since 2001-02 very few fellows were reported on the GME census survey to have continued with additional years of fellowship

training. Possible explanations for this trend include: lack of funding for year 2 and beyond training at some programs, the availability of attractive faculty positions after only one-year of training, or alternative research training programs that are not reported on the GME census survey.

International Medical Graduates comprise a large proportion of trainees in both GM and GP fellowship programs. Nationally, 26% of all postgraduate training positions are filled by IMGs. Over the past 5 years a declining number of graduates of U.S. medical schools are selecting careers in internal

## Graduates of Geriatric Medicine and Geriatric Psychiatry Fellowship Programs



medicine, family medicine and psychiatry. In 2004-2005, 42% of categorical internal medicine, 36% of family medicine, and 33% of general psychiatry residents were IMGs. These residency programs are the source of applicants for geriatric fellowship programs and this trend helps to explain the large number of IMG geriatric fellows. This same trend has also led to increasing numbers of IMGs training in other internal medicine sub-specialty programs. In 2004-2005, 32% of cardiology, 40% of nephrology, 68% of critical care, and 85% of pulmonary medicine fellows were IMGs.

In 2004, 13% of medical students who planned to enter a family medicine or internal medicine residency program, reported that they planned to become certified in geriatrics.<sup>1</sup> If these students maintain this interest throughout their residency training this would significantly increase the percentage of U.S. graduates in geriatrics fellowship programs.

Experts estimate that the nation will need approximately 36,000 geriatricians by 2030.<sup>2</sup> There are currently 6,615 certified geriatricians and 2,141 certified geriatric psychiatrists. The current training output of geriatricians is not sufficient to reach the goal of 36,000 by 2030. The only pathway to geriatrics certification is to complete a GM or GP fellowship program (See figure) and to successfully sit for the certifying examinations administered by the American Board of Family Medicine, the American Board of Internal Medicine, or the American Board of

Psychiatry and Neurology. Since 2001-02, 310 fellows per year have completed a GM program and 83 per year have completed a GP program. If this number of annual graduates remains stable, by 2030, there would be 7,750 newly certified geriatricians and 2,075 new geriatric psychiatrists. Based on current recertification/retirement trends, this rate of newly produced geriatricians is at, or slightly above, a stable replacement level. Without a substantial growth in training capacity and interest in geriatrics training, it is unlikely that even one-third of the projected number of required geriatricians will be available for older Americans in 2030.

Initiatives sponsored by the John A. Hartford Foundation of New York City (<http://www.jhartfound.org/>) and the Donald W. Reynolds Foundation of Las Vegas, Nevada (<http://www.dwreynolds.org/>), in collaboration with the Association of American Medical Colleges, the American Geriatrics Society, the American Federation for Aging Research, and U.S. medical schools have significantly expanded medical student and resident training in geriatrics. These innovative education programs have ensured that many medical students and residents are now exposed to geriatricians during their training and receiving basic training in the care of older adults.

However, the decision to choose a career focused on the care of older adults remains financially unattractive for young physicians with increasingly

large educational debt.<sup>1</sup> In many parts of the U.S., Medicare payment rates for physicians remain lower than commercial insurance, and Medicare reimbursement for the mental health services provided by psychiatrists are discounted even further than for geriatric medicine services. The relatively low Medicare reimbursement rates - the major source of income for geriatricians - results in community-based geriatricians having incomes below most other physician specialists.

In summary, over the past three years the number of graduates of GM and GP fellowship programs has remained stable at 300-315/year and 80-85/year respectively. The number of GM programs and available positions has increased, and the number of first year fellows has increased proportionately, leaving fill rates stable at 67 – 70%. The number of second year GM and GP fellows has declined, and IMGs have remained a large proportion of GM and GP fellows-in-training.

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Note: Data presented are for programs accredited by the Accreditation Council for Graduate Medical Education (ACGME) and therefore do not include osteopathic medicine fellowship

#### References

<sup>1</sup>Association of American Medical Colleges. 2003. Medical School Graduation Questionnaire. All Schools Report. Available at <http://www.aamc.org> Accessed June 10, 2005.

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

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

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