

**Association of Directors of Geriatric Academic Programs (ADGAP)  
The Status of Geriatrics Workforce Study**

# Training & Practice Update

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

### Introduction

This issue of the *Training & Practice Update* updates our October 2005 review of trends in geriatric medicine (GM) and geriatric psychiatry (GP) fellowship programs accredited by the Accreditation Council for Graduate Medical Education (ACGME).<sup>1</sup> The data presented are compiled from the American Medical Association and the

Association of American Medical Colleges (AMA/AAMC) National Graduate Medical Education Census on GM and GP fellowship programs.

### Geriatric Medicine

In 2006-07, 139 geriatric medicine fellowship programs (104 in Internal Medicine (IM) and 35 in Family Medicine (FM)) were accredited by the

**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%)	292
2005-2006	140	351	55 (15.7%)	230 (65.5%)	442	296 (67.0%)	304
2006-2007	139	287	34 (11.8%)	184 (64.1%)	468	253 (54.1%)	--

Source: AMA and AAMC Data from National GME Census, JAMA 1992-2007

Note: Initially GM programs were two years in length. In 1997, the ACGME requirements were revised from two years to one year of training. Starting in 1998 candidates could sit for the Board with one year of training. The yellow rows represent the years when two years of training was required for certification.

residency review committees for family medicine and internal medicine, an increase of 12 new programs since 2002-03. Eight of these new programs were started in FM. The number of available first year positions increased by 19% (to 468) from 2002-03, while the number of first year fellows-in-training decreased by 13% (to 253). This expansion of training slots with a concomitant decrease in interest led to only 54% of the available first-year positions filling in 2006-07, as compared with a 74% fill rate in 2002-03.<sup>2,3</sup>

The *total* number of geriatric medicine fellows in all years of training decreased by 81 fellows (22%) over the past 5 years (from 368 in 2002-03 to 287 in 2006-2007). However, most of this decrease (64 of the 81 fewer fellows) occurred between the years from 2005-06 to 2006-07.<sup>2,4</sup> Much more striking was the decrease in fellows enrolled in second or later year positions. There were 76 such fellows in 2002-03, but only 34 in 2006-07, representing a 55% decrease. International medical

school graduates (IMGs) currently make up 64% of enrolled fellows, a 13% increase since 2002-03.<sup>2,3</sup>

### **Geriatric Psychiatry**

In 2002-03, 61 geriatric psychiatry fellowship programs were accredited by the residency review committee for psychiatry. By 2006-07 that number decreased to 58 programs. The number of available first year positions increased from 137 to 142, but the number of first year fellows-in-training decreased slightly from 73 to 68. The fill rate for first year positions fell to 48% from 53% in 2002-03.<sup>2,3</sup>

During 2002-03, the *total* number of geriatric psychiatry fellows in all years of training was 86. In 2006-07 that number decreased by 16% to 72 fellows. Second and later year fellows accounted for almost all of the decline; there were 13 such fellows in 2002-03, but only 4 in 2006-07. 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%)	81
2005-2006	61	92	5 (5.4%)	58 (63.0%)	137	87 (63.5%)	86
2006-2007	58	72	4 (5.6%)	44 (61.1%)	142	68 (47.9%)	--

Source: AMA and AAMC Data from National GME Census, JAMA 1996-2007. Data are not available prior to 1995-96. Note: The ABPN began certifying geriatric psychiatrists in 1991, requiring one year of fellowship training for entry to the examination.

## **Comments**

### **Second Year and Beyond Fellows**

Geriatric medicine and psychiatry fellowship programs are the sources of future geriatrics faculty for medical schools and residency programs and for geriatrician-clinician leaders in the community.<sup>1</sup> These one-year fellowship programs are accredited by the ACGME. Some of the programs offer training beyond the initial 12-month programs accredited by the ACGME, and fellows who wish to acquire additional training in research or teaching skills can choose to continue their training for another year or more. However, in recent years few have done so. For example, in 2002-03, second year and beyond fellows accounted for 21% of all fellows in GM and 15% in GP fellowship programs. By 2006-07, these percents had decreased to 12 and 6, respectively. Possible explanations for this trend include 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. Another explanation may be the elimination of Title VII, Bureau of Health Professions (BHPr) funding by Congress in 2005.

### **Title VII**

In August 2006, as part of the ADGAP Status of Geriatrics Workforce Study, we surveyed the 13 fellowship programs that had received Title VII funding from the BHPr.<sup>5</sup> Eleven of the 13 programs completed the survey. For 2006-07, 8 of the 11 programs reported they were affected by the loss of funding, and reported a loss of 11-12 second year fellows. Four programs reported using discretionary funds, carryover grant funds, T32 award dollars, and funding from their hospital to support their second year fellows in 2006-07. Fewer sources of funding were identified for 2007-08, and 9 of the 11 programs planned to further reduce the number of second year fellows they could train. Title VII funding was also used to fund first year fellows, and lack of this funding may also be responsible for the decline in first year fellows in 2006-07. Congress restored Title VII funding for FY 2007.

### **Veterans Affairs**

Financial support for additional years of training for GM & GP fellows who have completed a one-year fellowship program accredited by the ACGME or the American Osteopathic Association is also provided by the Department of Veterans Affairs (DVA) Advanced Fellowship in Geriatrics (AFG).<sup>†</sup> ([http://www.va.gov/oaa/specialfellows/programs/SF\\_AdvGeriatric.asp?p=2](http://www.va.gov/oaa/specialfellows/programs/SF_AdvGeriatric.asp?p=2)) This program offers post-specialty education to foster the development of research skills and leadership in health care issues of the elderly at DVA Geriatric Research, Education, and Clinical Centers (GRECCs).<sup>6</sup> In 2007-08 the number of GRECC sites approved to offer the AFG increased from 7 to 16. This increase in approved GRECC sites might boost the number of second year and beyond fellows in geriatrics. Thirteen GM fellowship programs identified the DVA's advanced fellowship program as a source of funding for their 2006-07 second year and beyond fellows.<sup>7</sup>

### **Declining Interest in Primary Care**

Family medicine, internal medicine, and general psychiatry residents are the sources of applicants for geriatric fellowship programs. Over the past 5 years, a declining number of graduates of U.S. medical schools are selecting careers in these residency programs. In 2006-07, 44% of categorical internal medicine, 39% of family medicine, and 31% of general psychiatry residents were IMGs. This same trend has also led to increasing numbers of IMGs training in other internal medicine sub-specialty programs. In 2006-07, 31% of cardiology, 43% of nephrology, 67% of critical care, and 85% of pulmonary medicine fellows were IMGs. Nationally, 27% of all postgraduate training positions are filled by IMGs compared with 64% in GM and 61% in GP.<sup>2</sup>

### **Medical Students**

In 2004, 153 graduating United States medical students who planned to enter a family medicine or internal medicine residency program indicated that they planned to become certified in geriat-

rics.<sup>8</sup> Since these are three-year residency programs, hypothetically these students would be entering a geriatric medicine fellowship program in 2007, and would significantly increase the percentage of U.S. graduates in geriatrics medicine fellowship programs. While the data on USMDs and IMGs available are based on all years of training, not just on first year fellows, if all 153 US MDs entered a GM fellowship program, the percent of IMGs in 2007 would have dropped to 47%. The actual percent was 64.<sup>2</sup>

### **Geriatricians**

Experts estimate that the nation will need approximately 36,000 geriatricians by 2030.<sup>9</sup> There are currently 7,128 certified geriatricians and 1,596 certified geriatric psychiatrists.<sup>10</sup> The current training output of geriatricians is not sufficient to reach the goal of 36,000 geriatricians by 2030. Currently, the only pathway to geriatrics certification is to complete a GM or GP fellowship program and to successfully sit for the certifying examination administered by the American Board of Family Medicine, the American Board of Internal Medicine, or the American Board of Psychiatry and Neurology.

Since 2002-03, on average, 308 fellows completed a GM program and 84 fellows completed a GP program annually. If this number of annual graduates remains stable, by 2030, there should be 7,750 certified geriatricians and 1,659 geriatric psychiatrists, a slight increase from the current numbers. However, the average number of graduates cannot remain stable if the number of first year fellows continues to decrease. Another factor to consider is that by 2030 the population age 75 and over will increase from 19 million to 33.5 million. This dramatic increase in the number of older Americans will change the current ratio of 1 geriatrician for every 2,546 older Americans to 1 per 4,254, and change the current ratio of 1 geriatric psychiatrist for every 11,372 to 1 GP for every 20,195 older Americans. At a time when a substantial growth in training capacity and interest in geriatrics training is needed, fewer physicians are pursuing such a career.

### **Initiatives**

Several private foundations have funded initiatives to expose medical students and residents to geriatrics; to train practicing physicians who are not geriatricians in geriatrics; and to provide teaching skills to geriatricians and other non-geriatric physicians. These foundations include 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/>). The Association of American Medical Colleges, the American Geriatrics Society, and the American Federation for Aging Research, along with 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 excellent care of older adults.

### **Compensation**

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>8</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. For example the median salary for a geriatrician in private practice in 2005 was \$162,977, compared with general internists at \$174,664, neurologists at \$216,199, and rheumatologists at \$207,381.<sup>11</sup>

### **Summary**

Over the past four years, the number of graduates of GM and GP fellowship programs remains stable at 292-304/year and 81-86/year respectively. IMGs remain a large proportion of these

graduates. The number of GM programs and available positions has increased, while the number of GP programs decreased slightly but the number of positions increased slightly. However, for both GM and GP the number of first year fellows and the percent of filled first year fellow positions decreased substantially from 2005-06 to 2006-07, which will lead to fewer graduates and fewer geriatricians and geriatric psychiatrists. The number of second year GM and GP fellows who will be the researchers and educators in geriatrics

in the future has declined considerably. The consensus is that there will not be enough geriatric specialists to provide care to older Americans, and that geriatricians' and geriatric psychiatrists' future roles will be to train other physicians and care providers to care for America's aging citizens. However, if the recent decreasing trend of fellows in GM and GP continues, there will not even be enough physician specialists in geriatrics to accomplish this training role.

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†Formerly known as the Special Fellowship Program in Advanced Geriatrics.

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

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## The Status of Geriatrics Workforce Study National Oversight Panel

M . Brownell Anderson  
*Association of American Medical Colleges*

Linda H. Barondess  
*American Geriatrics Society*

Robin A. Barr, PhD  
*National Institute on Aging*

Marie A. Bernard, MD  
*University of Oklahoma*

James F. Burris, M.D.  
*Veterans Health Administration*

John Burton, MD  
*Johns Hopkins Geriatrics Center*

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

Josepha Cheong, MD  
*American Association for Geriatric Psychiatry*

Anthony J. Costa, MD  
*American Board of Family Medicine*

Louis J. Grosso, MEd  
*American Board of Internal Medicine*

William J. Hall, MD  
*University of Rochester*

William R. Hazzard, MD  
*University of Washington*

Gavin W. Hougham, PhD  
*John A. Hartford Foundation*

Seth Landefeld, MD  
*University of California, San Francisco*

Stephanie Lederman  
*American Federation for Aging Research*

Rosanne Leipzig, MD, PhD  
*Mount Sinai School of Medicine*

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

Judith Salerno, MD  
*National Institute on Aging*

Joanne Schwartzberg, MD  
*American Medical Association*

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 Academic Health Center  
PO Box 670840  
Cincinnati, OH 45267-0840

Phone: 513-558-8792  
Fax: 513-558-2744  
Email: [Elizabeth.Bragg@uc.edu](mailto:Elizabeth.Bragg@uc.edu)  
[www.ADGAPstudy.uc.edu](http://www.ADGAPstudy.uc.edu)

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