



GRADUATE MEDICAL EDUCATION

Cosponsor Legislation to Increase Federally Funded Residency Slots

Request

Urologists urge Congress to acknowledge the importance of specialty medicine and address urological workforce shortages that jeopardize patient access to care. We urge all members of Congress to support and cosponsor two key bills aimed at this problem. In the House, we seek support for H.R. 2267, the “Resident Physician Shortage Reduction Act,” and H.R. 4552, the “Advancing Medical Resident Training in Community Hospitals Act.” In the Senate, we seek support for the companion bills, S. 1301 and S. 1291, respectively.

Background

These bills will both provide much-needed improvements to the nation's graduate medical education (GME) system. The Resident Physician Shortage Reduction Act helps preserve access to specialty care by increasing the number of GME residency slots by 15,000 over the next five years; directing half of the newly available positions to training in shortage specialties such as urology; specifying priorities for distributing the new slots (e.g., states with new medical schools, Veterans Affairs-affiliated medical centers); and studying the needs of the U.S. healthcare system to allocate residencies accordingly.

Similarly, the Advancing Medical Resident Training in Community Hospitals Act would revise payment rules for graduate medical education (GME) costs with respect to a hospital that establishes a new medical residency training program. The bill would permit community hospitals whose Medicare GME caps and/or per resident amounts (PRAs) were accidentally established by small numbers of resident rotators to build and receive Medicare funding for new residency programs.

Rationale

The United States will face an overall shortage of more than 130,000 physicians by 2025, and one-half of this shortage will come from specialty physicians. Urology is unfortunately no exception, seeing an over 10% decline in the number of urologists per capita over the past 20 years. The average age of a urologist is 52.5 years, with more than 44 percent of urologists age 55 or older, making our specialty the second oldest only to thoracic surgery. Adding to the problem, urologists must train for a minimum of five years following graduation from medical school, and many times training is even longer.

The Health Resources and Services Administration Bureau of Health Professions, in its 2008 report, projected a need for 16,000 urologists by 2020. This is congruent with other independent projections that show that by 2030 urology will face a 32% deficiency in the number of providers necessary to adequately care for a projected population of 364 million U.S. citizens. A recent American Urological Association (AUA) Workforce and Compensation Survey indicated that up to 20% of currently practicing urologists plan to retire in the next five to ten years. We must take steps now to ensure a fully trained specialty physician workforce for the future.