

# GME Fact Sheet Washington

## What is graduate medical education (GME)?

All medical school graduates must complete a period of GME, or residency training, to be licensed to practice medicine in the United States. GME comprises the second phase — after medical school — of the formal education that prepares doctors for medical practice. During residency, physicians learn skills and techniques specific to their chosen specialty under the supervision of attending physicians and serve as part of a care team.

## Physician Training by the Numbers<sup>1</sup>

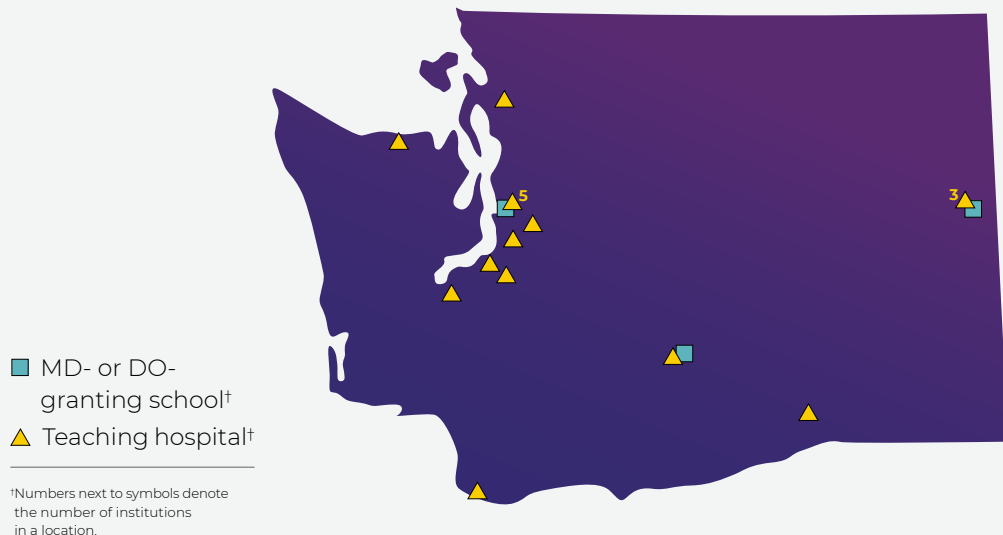
### NATIONALLY

<b>195</b>	MD- and DO-granting schools
<b>1,114</b>	Teaching hospitals in the United States (20% of all hospitals)
<b>114,034</b>	Residents in training eligible for Medicare funding
<b>91,988</b>	Medicare-supported resident positions
<b>22,000+</b>	Residents training in slots not supported by Medicare direct GME (DGME)

### WASHINGTON\*

<b>3</b>	MD- and DO-granting schools
<b>18</b>	Teaching hospitals
<b>1,265</b>	Residents in training
<b>905</b>	Medicare-supported GME slots
<b>360</b>	Residents not supported by Medicare DGME

\*Has at least one new medical school or branch campus since 2001.



<sup>1</sup> Counts of MD- and DO-granting institutions are taken from the accrediting bodies for these institutions, the Liaison Committee on Medical Education and the American Osteopathic Association. Teaching hospitals counts, data on residents in training, and data on Medicare funding for residency are based on the AAMC's analysis of fiscal year (FY) 2020 Medicare cost report data, Healthcare Cost Report Information System (HCRIS) July 2022 release. If FY 2020 isn't available, FY 2019 data is used. Analysis was restricted to hospitals included in the FY 2023 Inpatient Prospective Payment System (IPPS) impact file released by the Centers for Medicare & Medicaid Services (CMS).

## Why is additional Medicare support for GME important for training the next generation of doctors?



Medicare DGME payments are the primary public source of funding for GME and help support Medicare's share of a hospital's costs associated with operating a teaching program, including resident stipends and benefits, faculty and supervision costs, and increased overhead costs.



In fiscal year 2020, DGME cost teaching hospitals \$22.6 billion, though Medicare covered only 20% of those costs.<sup>2</sup>



The United States is projected to face a shortage of up to 124,000 physicians by 2034, largely due to the growth and aging of the population and the impending retirements of older physicians.<sup>3</sup>



Since academic year 2002-2003, total medical school enrollment has grown by more than 38%, as medical schools have expanded class sizes and more than 32 new medical schools have opened.



If underserved populations were to experience the same health care use patterns as populations with fewer barriers to access, the United States would need an additional 102,400 to 180,400 physicians just to meet *current* demand.<sup>3</sup>



A 1997 cap on Medicare support for GME has stymied increases in residency training, and additional slots are needed as part of a multipronged, innovative, public-private approach to addressing the physician workforce shortage. While Congress has provided 1,200 new Medicare-supported GME slots since 2020, more are needed to ensure patients across the United States are able to access the care they need.

## Resident Physician Shortage Reduction Act

The Resident Physician Shortage Reduction Act is bipartisan legislation that would provide a gradual increase in Medicare support for GME. While this legislation would not completely solve the physician shortage, it would take a crucial step toward growing a sustainable physician workforce to meet patient needs. The legislation prioritizes diverse categories of hospitals with the goal of ensuring new slots are distributed to hospitals with different patient populations and needs.

The legislation has broad stakeholder support and has been endorsed by over 70 members of the GME Advocacy Coalition, which represents a broad range of physician, hospital, and patient organizations.

The AAMC urges all members of Congress to support the Resident Physician Shortage Reduction Act. Contact Len Marquez ([lmarquez@aamc.org](mailto:lmarquez@aamc.org)) or Ally Perleoni ([aperleoni@aamc.org](mailto:aperleoni@aamc.org)) for more information.

## What is academic medicine?

Academic medicine touches the lives of Americans every day by helping drive research and innovation, providing complex patient care, promoting health equity and physician workforce diversity, educating and training future physicians, and collaborating with local communities. [Find out how academic medicine propels health care forward.](#)

The AAMC (Association of American Medical Colleges) is a nonprofit association dedicated to improving the health of people everywhere through medical education, health care, medical research, and community collaborations. Its members are all 157 U.S. medical schools accredited by the [Liaison Committee on Medical Education](#); 13 accredited Canadian medical schools; approximately 400 teaching hospitals and health systems, including Department of Veterans Affairs medical centers; and more than 70 academic societies. Through these institutions and organizations, the AAMC leads and serves America's medical schools and teaching hospitals and the millions of individuals across academic medicine, including more than 193,000 full-time faculty members, 96,000 medical students, 153,000 resident physicians, and 60,000 graduate students and postdoctoral researchers in the biomedical sciences. Following a 2022 merger, the Alliance of Academic Health Centers and the Alliance of Academic Health Centers International broadened the AAMC's U.S. membership and expanded its reach to international academic health centers. Learn more at [aamc.org](http://aamc.org).

2. Analysis of the FY 2020 and FY 2019 Medicare cost report data, HCRIS. Note: The analysis was restricted to hospitals included in the FY 2023 IPPS impact file released by CMS. Previous years' data was used for hospitals missing FY 2020 data. About 99% of hospitals reported FY 2020 data and 1% reported FY 2019 data. The total training costs include intern and resident salary, fringe, and other costs.

3. IHS Markit Ltd. *The Complexities of Physician Supply and Demand: Projections From 2019 to 2034*. Washington, DC: AAMC; 2021. [www.aamc.org/media/54681/download?attachment](http://www.aamc.org/media/54681/download?attachment).