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Institute of Medicine Releases Important Report on the Future of Graduate Medical Education

Current and future surgical shortages will fail to meet the needs of patients limiting access to care

Washington, DC – Today the Institute of Medicine (IOM) released a report, *Graduate Medical Education That Meets the Nation's Health Needs*, containing recommendations to improve the graduate medical education (GME) system. Specific attention was given to find ways to increase the capacity of the nation's clinical workforce to ensure the delivery of high quality health care that will meet the needs of our diverse population. The Surgical Coalition, representing more than 20 professional societies and approximately 250,000 surgeons and anesthesiologists in the United States, appreciates the 2-year long effort to develop the report.

The country faces a severe physician workforce shortage that will only worsen as health insurance coverage is expanded to millions of Americans and the baby boomers continue to reach retirement age. Overall, by the year 2025, the shortage will approximate 130,600 physicians – 64,800 specialists (including surgeons) and 65,800 primary care physicians – reflecting an equal shortage of specialists and primary care physicians. This shortage has a number of consequences that jeopardize patient access to surgical care, including:

- Demand for surgical services – vascular surgery, neurosurgery, general surgery and urology, in particular – is increasing, outpacing demand for adult primary care services. As a result, patients are experiencing considerable wait times for surgical care.
- The maldistribution rate among surgeons, especially in rural communities, is significant, and in many parts of the country there are no general surgeons, orthopaedic surgeons or neurosurgeons.
- Twenty-five percent of all Americans do not live within 60 minutes of a Level I adult trauma center, and even more do not have a Level I or II children's trauma center within their reach.
- Surgeons are getting older, and nearly forty percent of the current surgical workforce is over the age of 55. Depending on the subspecialty, it can take up to 13 years – including medical school, residency and fellowship – to train a surgeon, and once a surgeon is gone from the workforce he or she is not easily replaced.

The Surgical Coalition is committed to ensuring that patients have timely access to high-quality surgical care and our members look forward to helping policymakers craft workable solutions that address the looming surgical workforce crisis. At a minimum, Congress should bolster the U.S. surgical workforce by lifting the cap on the number of federally supported residency training positions and adopting legislation to increase the number of Medicare-supported residency positions.

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Members of the Surgical Coalition include: American Academy of Facial Plastic and Reconstructive Surgery, American Academy of Ophthalmology, American Academy of Otolaryngology-Head and Neck Surgery, American Association of Neurological Surgeons, American Association of Orthopaedic Surgeons, American College of Osteopathic Surgeons, American College of Surgeons, American Pediatric Surgical Association, American Society for Metabolic & Bariatric Surgery, American Society of Anesthesiologists, American Society of Breast Surgeons, American Society of Cataract and Refractive Surgery, American Society of General Surgeons, American

Society of Plastic Surgeons, American Urogynecologic Society, American Urological Association, Congress of Neurological Surgeons, Society for Vascular Surgery, Society of American Gastrointestinal and Endoscopic Surgeons, Society of Gynecologic Oncology, and The Society of Thoracic Surgeons.