ADVOCACY COUNCIL
of the American College of Allergy, Asthma & Immunology

Graduate Medical Education (GME) and allergy and immunology workforce

Issue:
The United States is entering a period where we will experience an acute shortage of physicians, particularly in various specialties. What will be done to address these shortages?

Background:
Although we have seen a steady rise in the number of medical school students over the past 10 years (70,000 in 2004 compared to 83,000 in 2013), we have not seen a commensurate expansion in the number or federally supported Residency and Fellowship training – particularly for those wishing to pursue specialty training.

This past year, there were 528 U.S. medical school graduates who failed to get a Residency slot. This was more than twice the number in the previous year. Medical school enrollment for 2014, topped 20,000 first-year students. This was the largest incoming class of medical school students in our nation's history.

This is the "good news" on the physician workforce front.

Now consider that the number of Residencies supported by the federal government has not grown in nearly two decades. Residency is the part of the physician's education that determines his/her specialty and where many believe the medical school graduates actually learn how to "practice medicine."

We are also seeing evidence that the attrition rate – those physicians leaving the practice of medicine – continues to accelerate.

At the current rate of physician attrition from the practice of medicine, we need to train an additional 62,000 physicians (this is above current training levels) and as many as 140,000 additional physicians by the year 2025. This is simply to keep pace with attrition.

Within the specialty of Allergy and Immunology (A/I), the workforce shortage is becoming particularly acute. Expecting primary care physicians to fill the A/I service gap by "incentivizing" them to provide more care to Asthma and Allergy patients is not a viable option because not only is the absolute volume of allergy/asthma cases increasing dramatically, the increased acuity of those cases requires the expertise of the A/I physician to properly manage.

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Currently there are about 4,400 active allergists and immunologists in the U.S. According to the most recent survey data, approximately 20% are expected to retire or otherwise leave the practice of medicine in the next five years. Based upon these numbers, ***workforce analysts project that the shortfall in allergy and immunology will be more than 2,000 physicians***.

Discussion:
Not surprisingly, implementation of the Affordable Care Act (ACA) has led to a significant increase in the demand for healthcare services. This, in turn, has shined a bright light on the acute shortage of health professionals – particularly specialists – our nation is experiencing.

Addressing the A/I physician shortage is particularly challenging. Most physicians pursuing an A/I Fellowship, first complete a residency in either general internal medicine or pediatrics – primary care specialties. This means that in order to train an A/I specialist, a physician trained in primary care must be recruited to fill that specialty slot.

The need for more A/I's is seen almost daily with increasing reports of food allergies, adverse drug reactions, atopic and contact dermatitis, rhinitis, chronic cough, sinusitis and sports-induced asthma attacks. Failure to properly manage these patients is costly to the healthcare system but more importantly, improper treatment can be fatal for many of these patients.

Our nation's ability to produce physicians in general and Allergists and Immunologists in particular is not keeping pace with the increased demand and attrition rates. The situation will only get worse as the number of physicians per capita continues to decline and the number of patients seeking treatment for asthma, allergy and immunology care escalates.

The Advocacy Council believes strongly that the annual production of A/I physicians must increase, ideally by an additional 25 new Full Time Equivalent (FTE) A/I Fellows per year for the next 15 years.

Recommendation:
Attached is a copy of a letter sent to the House Energy and Commerce Committee earlier this year in response to their request for comments and ideas on reforming GME.

Our specific recommendations were:

- Removal of the existing arbitrary cap on publicly funded Residency positions.
- Increasing the number of GME positions to address future physician workforce, regional, and specialty needs.

- Promote educational experiences in the broadest possible range of educational sites, so that residents are exposed to the types of settings in which they may practice after completing their Residency and Fellowship training.
- Actively exploring additional sources of GME funding, including states and all-payer models, to ensure adequate and stable support for medical education programs.
- Identify additional money to support Allergy/Immunology Fellowships.
- Fully fund the Children's GME program.