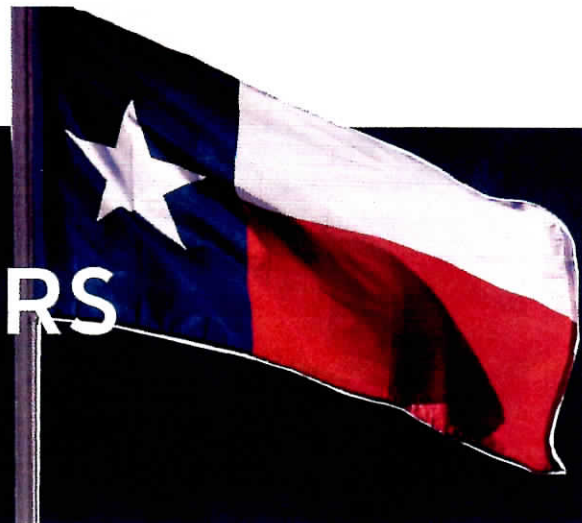


# KEEP OUR TEXAS EDUCATED DOCTORS IN TEXAS

By Jayesh B. Shah, MD



**F**or 2019, one of the key legislative agenda items for the Texas Medical Association is ensuring that Texas has a ratio of 1.1 entry-level residency positions for each Texas medical school graduate.

The United States is facing a serious shortage of physicians mainly due to a growing, aging population. A 2018 study conducted by IHS Markit, Ltd. for the Association of American Medical Colleges (AAMC) predicts that the U.S. will face a shortage of physicians ranging from 42,600 to 121,300 by 2030.

Medical schools have increased enrollment by nearly 30 percent since 2002. There are new medical schools in the U.S. In the past three years, Texas added two new allopathic medical schools, The University of Texas at Austin Dell and The University of Texas Rio Grande Valley in Harlingen, along with an osteopathic medical school at the University of the Incarnate Word in San Antonio. In addition, there are plans to build three more medical schools through 2020 and talk of even more. While Texas has a ratio of 1.1 entry-level residency positions per medical school graduate now, it will be a challenge to maintain this ratio with the increasing number of medical school graduates on the horizon. In addition, the 1997 cap on Medicare support for graduate medical education (GME) has served as a disincentive for growing residency training at the same rate as medical schools.

In the 2018 National Resident Matching Program, 1,078 U.S. allopathic medical students; 849 previous graduates of U.S. allopathic medical schools; 846 U.S. osteopathic school medical students/graduates; 2,175 U.S. citizen students/graduates of international medical schools; and 3,105 non-U.S. citizen students/graduates of international medical schools did not match on the first day of Match Week. Over 8,000 fourth-year medical students and physicians, with more than 15,000 clinical hours of training each did not match on Match Day while mid-level providers with 700 clinical hours are ask-

ing for independent practice. Also, there is a lack of standardization in the educational requirements for online programs for advanced practice registered nurses (APRNs).

Physician shortages pose a real risk to patients. Some of this shortage is creating an increased demand for mid-level providers but there is a lack of regulation over APRN online education. Also, online education for APRNs has become extremely popular. Texas Medical Association is monitoring the lack of regulation over APRN education. It would be a good idea for standardization in APRN education just like medical school education. Medical school clinical rotations and residency training are intensely organized to provide a clear, definable, and objective set of experiences.

### The Solution:

Fixing the physician shortage requires a multi-pronged approach.

1. There should be an innovative and better use of technology to make more effective and efficient team-based care to improve access to care.
2. There should be additional federal support to generate about 3,000 more physicians a year by at least a partial lifting of the cap on federally funded residency training positions.
3. There should be support for physician workforce development programs like Conrad 30 J-1 Visa Waiver Program, National Health Service Corps (NHSC), Public Service Loan Forgiveness (PSLF), and Title VII/VIII to recruit a diverse workforce to practice in underserved communities.
4. There should be continued state support for the creation of new residency positions.

The Texas Legislature took a monumental step in 2015 by creating the state's first permanent GME fund to expand the physician

workforce because of TMA's several years of advocacy. The state's initial investment of \$300 million in the permanent fund came from excess money at the Texas Medical Liability Insurance Underwriting Association. It is important to find additional funding sources in order to grow the fund to an amount sufficient for supporting the growth of GME at the level needed to keep up with medical school enrollments.

In addition, the state provided about \$50 million for 2018 and 2019, including monies from the state's permanent GME fund, to support recently created residency positions. Since 2014, a total of 237 new GME positions have been created and maintained with state funding. An additional \$30 million in state funding is needed per year to maintain these positions in 2020-21.

5. *There should be renewed support for GME positions in Texas through the Medicaid program.*

With frozen federal Medicare funding, this state support is critical for an increase in residency spots and to achieve and maintain the state goal of 1.1:1.

#### Resources:

1. Amy Lynn Sorrel, Texas Creates a Permanent Fund to Sustain Graduate Medical Education, *Texas Medicine*, August 2016;112(8):41-45.
2. AMA report – Options for unmatched Medical Students – Informational Report 2016
3. Results and Data 2018 – NRMP Main Residency Match
4. P. Ranasinge, MD, International Medical Graduates in the US Physician Workforce, *The journal of the American Osteopathic Association*, April 2015, Vol.115, Number

#### Acknowledgements:

Mrs. Marcia Collins, Director of Medical Education at Texas Medical Association



*Dr. Jayesh B. Shah is a past president of the Bexar County Medical Society and current member of the TMA Board of Trustees.*

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