JRM®
The Journal of Reproductive Medicine®

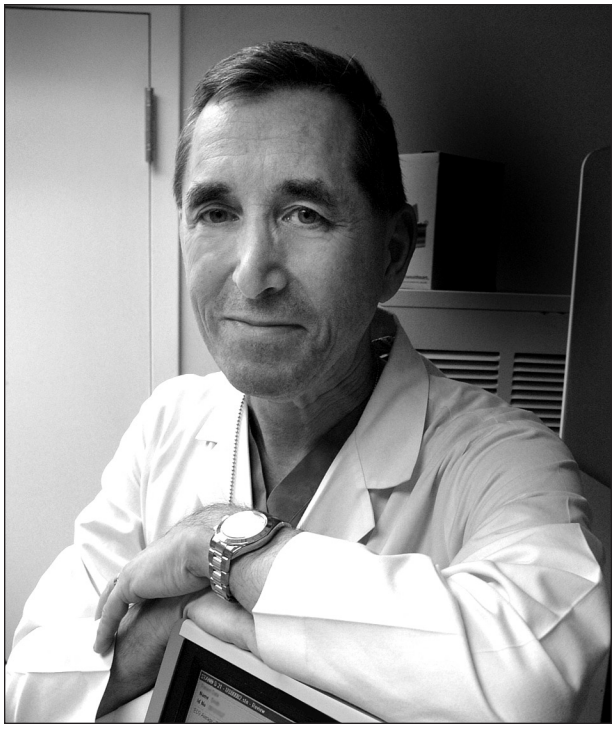
Volume 63, No. 1-2/January-February 2018

EDITORIAL

A Note from the Editor-in-Chief

Lawrence D. Devoe, M.D.

Welcome to the January-February 2018 Editor-in-Chief's page. This editorial column focuses on a featured article that has taken a long retrospective look at the future of our specialty in the United States.



Lawrence D. Devoe, M.D., Editor-in-Chief

In This Issue

- ***Applicants for Obstetrics and Gynecology Residency Positions by Medical School Background: A 25-Year Perspective***
  N. Sokkary, C. Murray-Krezan, and W. Rayburn

  The authors have taken a quarter-century retrospective examination of trends in applications and acceptance rates for residency positions in obstetrics and gynecology based on the educational backgrounds of those applying for these positions. The important trends that this review has identified are the following: (1) an almost total recovery in numbers of applicants to the levels initially noted at the beginning of the time frame examined, and (2) increasing success rates for matching among US medical graduates, osteopathic medical graduates, and US-born international medical graduates. While the traditional medical graduates still constitute the majority of those who enter American OBGYN residencies (1,049/1,288 according to 2017 data), osteopathic graduates accounted for 10% (n=123) of available positions, and US-born international graduates filled 5% (n=64) of those positions. At the completion of the 2017 National Resident Matching Program, there were no vacant first-year or PGY-1 positions in OBGYN programs nationwide.

0024-7758/18/6301-02–0001/$18.00/0

Commentary

Recent data from the American Congress of Obstetricians and Gynecologists[1] suggest that there will be growing national shortages of OBGYN physicians in this specialty. Conservative estimates have suggested that such shortages could reach 8,000 by 2020 and 20,000 by 2050. Will putting 1,250 new OBGYN residency graduates into the workforce annually be sufficient to stem this tide? Actually, since nearly 1 in 5 current OBGYN graduates chooses subspecialty training that may last an additional 3–4 years, only about 1,000 general OBGYNs will be added directly to the practice pool from residency programs each year. Another side of the workforce shortage equation is the departure of practicing OBGYN physicians from the field, through burnout or retirement. OBGYN has seen an increasing rate of physician burnout second only to that of emergency medicine. Further exacerbating the numbers situation is both the "graying" of the field, with the average age of practitioners being about 50 years of age (more than one-third of OBGYNs are over 55 years of age), and the progressive shortfall of younger physicians to fill the growing gaps (fewer than 20% are below 40 years of age). Unfortunately, the situation gets worse when one considers the geographic maldistribution of practicing OBGYNs across the United States, with many rural areas having either limited or no readily available access to such specialty care.

With the writing on the wall so obviously visible, even if there were increased federal funding to allow more medical graduates to obtain OBGYN residency positions, it is not likely that these numbers will grow sufficiently fast enough to keep pace with the increase in the size of the patient population that needs OBGYN care. There are solutions that have been successfully adopted by other Western countries: (1) increased numbers of mid-level providers like nurse-midwives or other advanced nurse practitioners, (2) turning over some of the routine obstetric care load to family physicians, and (3) centering group prenatal care models. It has also been suggested in the past that the very residency model used in today's training programs is anachronistic and could turn out primary OBGYN providers in a shorter time frame if there were "tracking" and identifying those who do principally outpatient care and those who become hospitalists. Shortening the training program by even 1 year would be a start in the right direction.

I think that the bell has definitely tolled for our specialty and it is imperative to look at the use of current and other "innovative" approaches so that the women who will deliver our future generations will be able to have the availability and quality of care that they both need and deserve.

Reference

1. Rayburn WF: The Obstetrician-Gynecologist Workforce in the United States: Facts, Figures and Implications, 2017. Washington, DC, the American Congress of Obstetricians and Gynecologists, 2017