



## Georgia Board for Physician Workforce Fact Sheet on Georgia's Medical Schools January 2005

Medical School	Total Enrollment 2004-2005	Tuition and Fees For Academic Year 2004-2005	Percentage Increase in Tuition Over Previous Year
Medical College of Georgia (MCG)	721	\$12,922 (resident) \$33,126 (non-resident)	25% (resident) 8% (non-resident)
Emory Univ. School of Medicine	454	\$36,637	11%
Mercer Univ. School of Medicine	234	\$27,876	6%
Morehouse School of Medicine	192	\$28,389	12%

- Georgia's four medical schools graduated a combined average of 364 physicians in 2004, compared to 359 physicians in 1996. This negligible increase illustrates the capacity of Georgia's medical education system has not kept pace with demand for physicians.

### How does Georgia compare to other states in terms of the number of medical students per capita?

- Georgia ranks 34th among the 46 states that have a medical school in the number of medical students per 100,000 population. (Source: Health Resources and Services Administration)
- Georgia's medical student to population ratio of 18 per 100,000 is approximately one-third below the national average of 28 per 100,000.

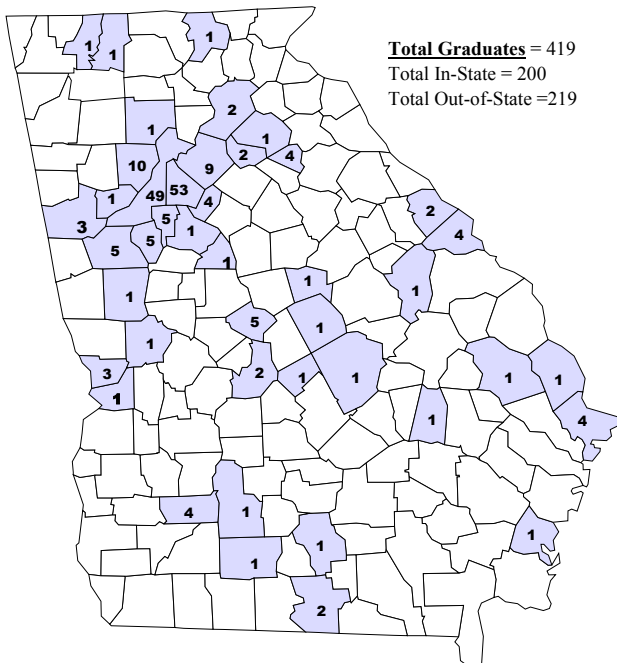
### Is Georgia facing a physician shortage?

- Credible sources have reversed positions and now predict a physician shortage. The national Council on Graduate Medical Education (COGME) has called for medical schools to increase enrollment by 15% over the next decade to help offset a future shortfall of physicians. The Association of American Medical Colleges (AAMC) has established a new unit to study physician supply and the American Medical Association (AMA) has acknowledged a physician shortage in some areas of the country.
- Increasing demand for physician services, stagnation in the physician supply, and changing productivity are among the key indicators of a developing physician shortage in Georgia.
- Georgia ranks 9<sup>th</sup> in population, but 38<sup>th</sup> in physician supply (down from 35<sup>th</sup> two years ago). Georgia's estimated population as of July 1, 2004 was 8,829,383. Georgia's rate of population increase during the 1990's was two times the national rate. The U.S. Census Bureau currently ranks Georgia as the 6<sup>th</sup> fastest growing state.
- Historically, Georgia has relied heavily on physician migration from other states and on international medical graduates to meet workforce needs. Market forces are now reducing Georgia's attractiveness as a place in which to practice medicine. Increasing competition from other states, declining reimbursement for physician services, and rising medical liability insurance costs, are influencing whether doctors elect to practice medicine in Georgia. In fact, the real number of new physicians added to Georgia's workforce has declined 55% over the last 10 years (from a high of 1,682 in 1992-1994 to a low of 748 for 2000-2002).
- Georgia's physician workforce is aging and changing. Baby boomers are nearing retirement and new physicians entering the workforce are choosing to work fewer hours and to spend more time with family than their counterparts. Accordingly, the productive capacity of practicing physicians is changing.

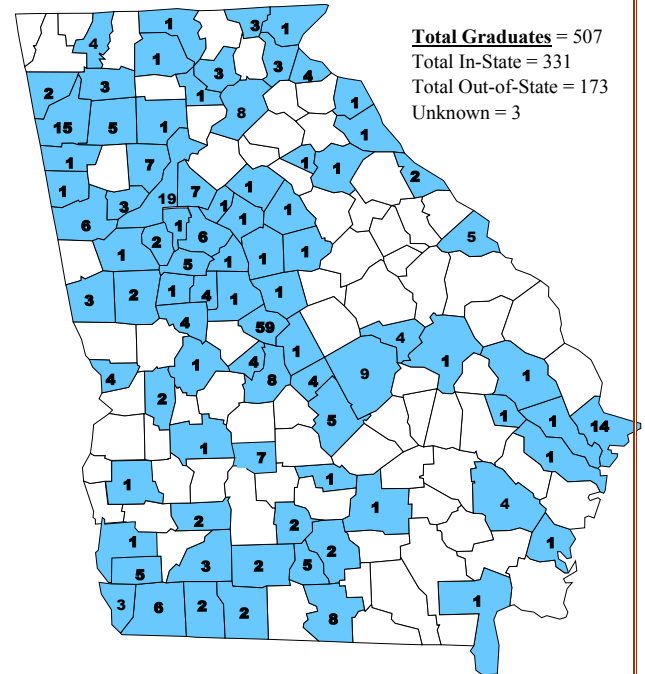
## Why does Georgia provide funding to private medical schools?

- Of the 10 largest states, all but Georgia have at least three public medical schools.
- Georgia is the largest state in the country with only one public medical school.
- Georgia's **three private medical schools train 53 percent** of the medical graduates. Nearly 60% of these graduates are Georgia residents and over 50% enter primary care specialties.
- The **cost to the state = \$31,531,196** (represents combined funding to Mercer, Morehouse, and Emory in the FY 2005 budget).
- The **average cost of operating a medical school is over \$90,000,000 per year**.
- Without Emory, Mercer, and Morehouse, Georgia's ratio of medical graduates per capita would fall to .5 per 100,000 (70% below the national average and Georgia would rank last).
- The **public/private partnerships** with Emory, Morehouse, and Mercer **have been cost effective**, utilizing public funds to leverage private resources to provide outstanding value for taxpayers.

Morehouse School of Medicine  
Graduate Practice Location (all specialties)  
As of June 30, 2004



Mercer University School of Medicine  
Graduate Practice Location (all specialties)  
As of June 30, 2004



## Why don't the private medical schools increase tuition instead of relying on public funds?

- Many medical students from these schools graduate with educational loan debt of \$100,000 or more. In fact, the average debt of graduating medical students increased by 5.3% in 2004. (Source: Association of American Medical Colleges)
- Students would have to pay tuition of approximately \$90,000 per year if public funding was withdrawn, further increasing student debt and making the field of medicine less attractive.

## Why don't we increase class size at MCG if we need to train more medical students?

- MCG is a large medical school and is near its maximum capacity.
- A significant number of MCG students currently take most of their clinical training at hospitals outside of Augusta because of limits on the number of students that can be accommodated at MCG and other Augusta hospitals.
- An increase of 60 students per year is needed to reach the regional average and 180 students per year to reach the national average. Reaching these goals will require support from the private medical schools in Georgia.

For more information, please contact the Georgia Board for Physician Workforce at  
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