



Georgia Board for Physician Workforce Supply, Specialty Mix, & Distribution of the Physician Workforce March 2006

Many challenges must be overcome to achieve an optimal supply, specialty mix, and distribution of physicians. The state's population is growing rapidly and only recently has Georgia seen an increase in physician supply. Within the last two years, medical schools in the state have begun to increase class size and a new osteopathic medical school opened its doors in August 2005. Additionally, the number of accredited residency training positions in Georgia has increased by 12% over the last five years.

Current Physician Supply

Georgia has achieved progress in the following areas:

- Georgia has seen growth in per capita physician numbers. The state now has 202 practicing physicians per 100,000 population, up from 193 physicians per 100,000 population two years ago.
- Georgia's national rank in terms of physicians per 100,000 improved slightly to 37th, up from 38th two years ago.
- Per capita numbers for Family Medicine physicians improved slightly after recent declines.
- The diversity of the physician workforce continues to grow.

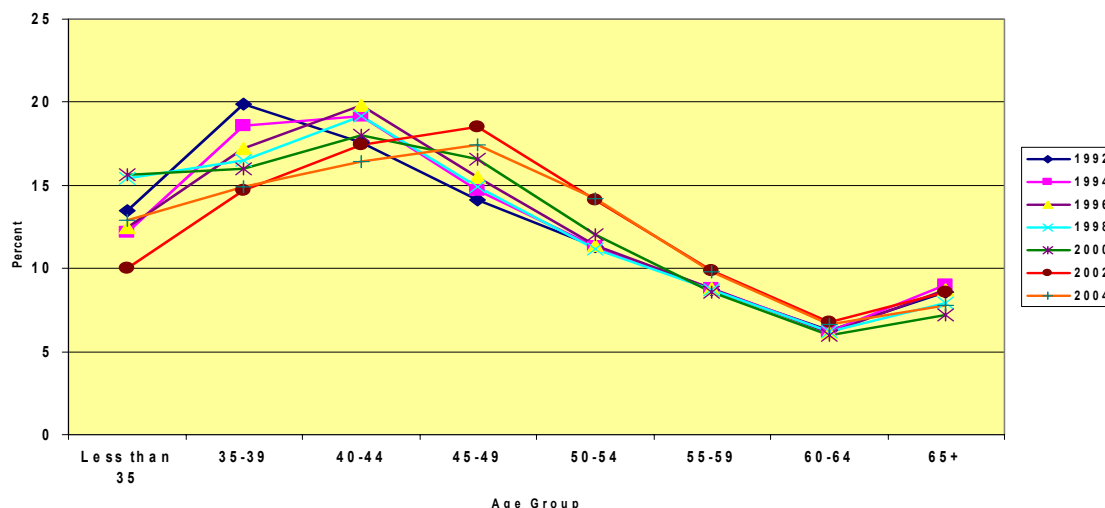
However, concerns remain related to:

- Georgia continues to rank in the bottom 1/3 of states in the number of physicians per capita.
- Per capita numbers for General Surgery continue to decline, while Diagnostic Radiology and Gastroenterology continued on their paths to shortages by 2010.
- A slowing rate of growth in OB/GYNs.
- Problems with the capacity of Geriatricians to meet the needs of the growing elderly population in Georgia.
- Distribution problems for the primary care specialties of Pediatrics and OB/GYN, as well as other specialties such as Diagnostic Radiology, Gastroenterology, Oncology, and Psychiatry.
- The diversity of the physician workforce still lags the population it serves.

Productive Capacity and Characteristics of Georgia's Physician Workforce

Demographic changes and different work preferences among physicians present important challenges, which must be considered when examining the overall capacity of the physician workforce and its ability to meet the needs of the state. Georgia's population is growing rapidly. Any reduction in physician work hours would mean effective declines in the overall physician workforce and the potential for reduced access to care. Georgia must recognize and anticipate reductions in physician work hours due to the pending retirement of older physicians and the increasing presence of women in the field of medicine.

Georgia Physician Workforce: Age Distribution 1994-2004



- Research shows that work habits differ across generations. Physicians in the baby boom generation have traditionally exhibited a willingness to work long hours and a tendency to give work precedence over family and quality of life issues. New physicians entering the workforce today place greater emphasis on spending time with family and on leisure activities. Accordingly, a drop in average hours worked is anticipated as new physicians replace retiring physicians.
- Another change in the physician workforce is the increasing presence of women. This change is also anticipated to cause overall reductions in the work provided by physicians. Research is beginning to show that the practice patterns of male and female physicians differ. Women still bear the majority of responsibility for family and home life, and correspondingly, female physicians tend to limit work hours or take time off to focus on family responsibilities.

Physicians by Gender		
Year	% Male	% Female
1994	83.8	16.2
1996	81.6	18.4
1998	80.0	20.0
2000	79.0	21.0
2002	79.1	20.9
2004	79.4	20.6

Increasing Diversity

- Georgia has achieved some success in diversifying its physician workforce. The percentage of African-American physicians rose from 7.6% to nearly 13%, and the proportion of those reporting to be “other” ethnicities increased nearly four-fold since 1994. However, Census figures indicate additional effort is needed to make Georgia’s physician workforce more reflective of the population. For example, nearly 30% of Georgians are African-American, compared with only 13% of the physician workforce.
- With increased diversity, there is a greater need for physicians to be able to transcend cultural and language barriers and work effectively with patients in order to diagnose medical conditions and deliver appropriate healthcare.

Percentage of Physicians by Race				
Year	% White	% African American	% Asian	% Other
1994	84.9	7.6	6.6	0.9
1996	84.1	8.1	6.9	0.9
1998	80.2	8.9	7.8	3.1
2000	79.0	10.3	8.1	2.6
2002	77.4	11.9	7.7	3.0
2004	77.1	12.7	6.8	3.4

Specialty Mix and Distribution of Physicians

Georgia has experienced considerable growth in most primary care specialties over the last decade; however, challenges with the geographic distribution of physicians persist. Physician distribution remains more favorable in urban than rural parts of the state. This issue is of critical importance to Georgians, since the distribution of physicians helps determine access to healthcare.

- The rate of physicians in five core specialties varies significantly between Metropolitan Statistical Areas (MSA’s) and Non-MSA’s.
- For example, the rate of Pediatricians per 100,000 population is nearly five times greater in Georgia’s MSA’s than Non-MSA’s.

Georgia Physician Workforce 2004 Selected Specialties by MSA/ Non-MSA Designation				
Specialty	MSA		Non-MSA	
	Number	Rate*	Number	Rate*
Family Practice	1,633	18.8	660	7.6
Internal Medicine	2,122	24.4	530	6.1
Pediatrics	1,309	15.1	279	3.2
OB/GYN	934	10.8	237	2.7
General Surgery	579	6.7	154	1.8

*Rate per 100,000 population

While Georgia's supply of primary care physicians has increased over the last ten years, there have been declines in the per capita rates of other specialties as highlighted in the table below. These declines include the core specialty of General Surgery.

Physicians per 100,000 Population for Select Specialties 1994-2004						
Specialty	1994	1996	1998	2000	2002	2004
Allergy & Immunology	1.05	0.98	0.83	0.87	1.24	1.31
Anesthesiology	10.48	10.22	9.84	9.56	8.93	9.52
Cardiovascular Diseases	5.54	5.45	4.83	4.73	4.28	4.75
Diagnostic Radiology	3.82	4.16	4.07	3.24	3.17	3.88
Emergency Medicine	7.74	7.84	8.41	8.94	8.81	9.62
Family/General Practice	25.04	26.27	26.52	26.18	25.36	26.40
Gastroenterology	2.77	2.73	2.55	2.65	2.10	2.38
General Surgery	9.29	9.59	9.26	9.42	8.48	8.44
Internal Medicine	20.08	23.83	25.79	27.66	29.30	30.53
Nephrology	1.45	1.51	1.41	1.28	1.43	1.70
Neurological Surgery	1.58	1.54	1.53	1.34	1.39	1.48
Neurology	2.99	3.37	3.35	3.19	3.22	3.48
Obstetrics/Gynecology	11.63	12.25	11.82	12.04	13.29	13.48
Oncology	1.74	1.69	1.57	1.58	1.75	2.08
Orthopedic Surgery	6.99	7.62	7.20	6.79	6.89	7.04
Pediatrics	11.77	13.37	16.75	17.13	17.46	18.28
Psychiatry	10.21	11.42	11.04	11.14	10.45	10.53
Pulmonary Diseases	2.10	2.03	1.92	1.92	1.67	1.89
Radiology	4.85	5.13	4.89	5.86	5.15	4.62
Rheumatology	0.92	0.83	0.76	0.75	0.60	0.72
Thoracic Surgery	0.59	0.49	0.42	0.43	1.08	1.08
Urological Surgery	3.59	3.44	3.42	3.04	3.06	2.97
Total Rate of Physicians per 100,000 Population in GA	182	192	193	192	193	202

A deficit in the physician specialties of Diagnostic Radiology, Gastroenterology, and Urological Surgery is predicted to occur as shown in the table below.

Predicted Specialty Shortages for 2010				
Specialty	Supply 2004	Supply Projected 2010	Need 2010	Deficit 2010*
Diagnostic Radiology	337	397	758	-361
Gastroenterology	207	225	374	-149
Urological Surgery	258	282	297-345	-15

* Deficit determined by lowest need standard in 2010.

Potential Responses

- Restore funding supports for medical education. State and federal financial support for medical education has decreased at a time when the population is aging, the productive capacity of the physician workforce is changing, and there is a growing demand for doctors.
- Maintain a focus on Family Medicine, as these physicians provide primary healthcare services in both urban and rural parts of Georgia.
- Promote medical practice in underserved areas to help ensure all Georgians have access to healthcare.
- Increase the diversity of the physician workforce to make it more representative of the population.
- Promote increased physician productivity through use of new technologies and the building of partnerships.

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