

# Graduate Medical Education in New York: The Nation's Largest Supplier of Physicians

## BACKGROUND

This brief examines the contribution of New York Graduate Medical Education (GME) programs to the nation's supply of physicians. This brief is an update of previous briefs, the most recent of which was published in September 2017.<sup>1</sup>

## **GRADUATE MEDICAL EDUCATION IN THE UNITED STATES**

In order to practice medicine in the United States, physicians must complete a program of training after they graduate from an accredited medical school based in the US or Canada or an international medical school. This additional period of time is referred to as residency, or GME. The initial period of training can last from 3-5 years, at which point the physician is eligible to be certified by a particular specialty board. Many physicians also elect to continue training in a more advanced subspecialty, which can last for several additional years. This period of advanced subspecialty training is sometimes referred to as fellowship training.

During GME training, residents and fellows treat patients under the supervision of more experienced physicians. Their training typically takes place in hospitals in residency programs accredited by the Accreditation Council for Graduate Medical Education (ACGME).\* Physicians in training are an integral part of the workforce at these hospitals.<sup>2</sup>

In 2021, there were more than 148,000 physicians training (Figure 1) in more than 12,600 ACGME-accredited GME programs

in the United States.<sup>3</sup> It has been forecast that the supply of physicians will not be adequate to meet the requirements of the population in the future and this projected gap continues to widen. With the fundamental changes to the way health care is delivered necessitated by the goals of the Triple Aim (improving the patient experience of care, improving the health of populations, and reducing the per capita cost of health care),<sup>4</sup> and the long-term impact of the COVID-19 pandemic on the health workforce,<sup>5,6</sup> the exact number of physicians required to serve the population remains uncertain. Nevertheless, the projected physician shortage in the US ranges between 38,800 and 125,100 physicians by 2034.7



#### FIGURE 1. Number of Physicians in Training in the United States, 2012-2021

\* This brief focuses on resident physicians who trained in programs accredited by the ACGME and excludes residents in programs accredited or approved by other national organizations.

The federal government is the largest single supporter of GME, contributing \$14.8 billion<sup>8,9</sup> in Medicare funds and \$5.6 billion<sup>10</sup> in Medicaid funds. The federal government also provides funding through a number of other agencies including the Department of Veterans Affairs (\$1.8 billion)<sup>11</sup> and the Health Resources and Services Administration (\$476 million).<sup>12</sup>

## NEW YORK'S GRADUATE MEDICAL EDUCATION INFRASTRUCTURE

New York has the largest GME infrastructure in the United States. Annually, approximately \$4.4 billion<sup>8,10</sup> is spent on GME in New York from federal, state, and private payer sources. In 2021, there were more than 18,000 physicians training (about 13% of all physicians training in the US) in more than 1,350 accredited and combined residency and fellowship programs in New York.<sup>3</sup> The number of physicians training in New York increased by just under 2,700 between 2012 and 2021 (**Table 1**). Only 2 states (Florida and California) experienced greater growth in the number of physicians trained during this time period.

Chata	2012		202	Difference	
State	Number	Percentage	Number	Percentage	2012-2021
Florida	3,688	3	7,808	5	4,120
California	9,780	8	13,515	9	3,735
New York	15,904	14	18,578	12	2,674
Michigan	4,884	4	7,349	5	2,465
Texas	7,390	6	9,850	7	2,460
Pennsylvania	7,784	7	9,730	7	1,946
Ohio	5,713	5	7,468	5	1,755
New Jersey	2,766	2	3,980	3	1,214
North Carolina	3,129	3	4,150	3	1,021
Georgia	2,112	2	3,088	2	976

#### TABLE 1. Increase in Number of Physicians in GME Programs, 2012 vs 2021

More than 7,600 physicians are training in primary care specialties (family medicine, general internal medicine, general pediatrics, internal medicine and pediatrics (combined), obstetrics and gynecology, and geriatrics)<sup>†</sup> in 212 primary care training programs in the state (**Table 2**).<sup>13</sup> This comprises 13% of all the primary care physicians in training. Other specialties with more than 700 physicians in training include: emergency medicine (1,226), general surgery (1,195), psychiatry (1,143), anesthesiology (966), and radiology (767). It should be noted that New York trains a large percentage of the nation's psychiatrists (16%) and general internal medicine physicians (14%). In recent years, both of these specialties have been in high demand.<sup>14</sup>

<sup>†</sup> Primary care is defined as health services related to family medicine, internal medicine, pediatrics, obstetrics, or gynecology by the Public Health Service Act 2013 §254b (b) (1) (A)(i)(I). https://www.govinfo.gov/content/pkg/USCODE-2013-title42/html/USCODE-2013-title42-chap6A.htm

## TABLE 2. GME in New York, 2021

Specialty	Number of GME Programs in NY	Number of Physicians in Training in NY	Number of GME Programs in US	Number of Physicians in Training in US	Percentage of GME Programs in NY	Percentage of Physicians in Training in NY
Primary Care	212	7,637	2,342	61,056	9.1%	12.5%
Family medicine	45	855	930	14,500	4.8%	5.9%
Internal medicine	63	4,565	592	29,536	10.6%	15.5%
Pediatrics	32	1,328	212	9,182	15.1%	14.5%
IM and Peds (Combined)	5	89	78	1,518	6.4%	5.9%
Obstetrics and Gynecology	50	761	416	6,109	12.0%	12.5%
Geriatrics	17	39	114	211	14.9%	18.5%
Internal Medicine Specialties	267	1,824	2,179	13,494	12.3%	13.5%
Cardiology	48	452	431	3,491	11.1%	12.9%
Critical care medicine	6	63	56	309	10.7%	20.4%
Endocrinology	19	90	156	689	12.2%	13.1%
Gastroenterology	35	260	217	1,815	16.1%	14.3%
Hematology/Oncology	25	303	183	1,983	13.7%	15.3%
Infectious disease	19	100	160	816	11.9%	12.3%
Nephrology	24	110	150	831	16.0%	13.2%
Pulmonary disease and critical care	31	288	210	2,164	14.8%	13.3%
Rheumatology	13	65	126	521	10.3%	12.5%
Other IM Subspecialties	47	93	490	875	9.6%	10.6%
General Surgery	40	1,195	345	9,900	11.6%	12.1%
Surgical Specialties	186	1,575	1,841	14,420	10.1%	10.9%
Ophthalmology	18	190	128	1,439	14.1%	13.2%
Otolaryngology	13	155	182	1,805	7.1%	8.6%
Neurological surgery	12	151	118	1,565	10.2%	9.6%
Orthopedic surgery	51	543	463	4,762	11.0%	11.4%
Plastic surgery	11	116	151	1,236	7.3%	9.4%
Thoracic surgery	14	69	122	514	11.5%	13.4%
Urology	19	228	187	1,848	10.2%	12.3%
Other surgical specialties	48	123	490	1,251	9.8%	9.8%
Facility Based	207	2,058	1,880	16,803	11.0%	12.2%
Anesthesiology	62	966	552	7,607	11.2%	12.7%
Pathology	67	325	663	2,879	10.1%	11.3%
Radiology	78	767	665	6,317	11.7%	12.1%

#### TABLE 2. GME in New York, 2021 (cont.)

Specialty	Number of GME Programs in NY	Number of Physicians in Training in NY	Number of GME Programs in US	Number of Physicians in Training in US	Percentage of GME Programs in NY	Percentage of Physicians in Training in NY
Psychiatry	93	1,275	661	8,282	14.1%	15.4%
Psychiatry	78	1,143	515	7,356	15.1%	15.5%
Child and adolescent psychiatry	15	132	146	926	10.3%	14.3%
Other	375	3,014	3,354	24,919	11.2%	12.1%
Allergy and immunology	9	34	82	320	11.0%	10.6%
Dermatology	26	170	275	1,653	9.5%	10.3%
Emergency medicine	45	1,226	424	8,983	10.6%	13.6%
Neurology	67	499	598	4,248	11.2%	11.7%
Pediatric subspecialties	117	461	935	4,379	12.5%	10.5%
Physical medicine and rehabilitation	31	271	191	1,585	16.2%	17.1%
Other specialties	80	353	849	3,751	9.4%	9.4%
Total	1,380	18,578	12,602	148,874	11.0%	12.5%

Each year, approximately 5,200 physicians complete training in one of the GME programs in New York. In 2021, 53% of all physicians (51% of primary care physicians and 54% of non-primary care physicians) who completed a GME program in New York left the state to practice (Figure 2).<sup>15</sup> The percentage of all physicians leaving New York after completing training had remained constant in the early 2010s, but experienced a decline in 2018 and has remained at that level since. In addition, since 2017, the percentage of primary care physicians leaving the state has been lower than the percentage of non-primary physicians—a dramatic change from the previous decade. However, New York remains an important source of physicians for the nation across all specialties.





## NEW YORK'S CONTRIBUTION TO THE NATIONAL PHYSICIAN WORKFORCE

#### All Physicians

Today, of the more than 950,000 active physicians in the United States, 156,838 (17%) completed their GME in New York. In 20 states, at least 10% of active physicians completed their GME in New York. In those 20 states, the percentage ranged from 10% in North Carolina and Texas to 77% in New York. States in the New England and Mid-Atlantic regions, most states along the Eastern Seaboard, and in the Pacific Southwest had the greatest concentrations of active physicians who completed GME in New York (**Figure 3**).



FIGURE 3. Percentage of Active Physicians Who Completed GME in New York, 2022

#### **Primary Care**

Primary care services are integral to the nation's health care system. Primary care physicians play an important role in providing these valuable services to the population. For more than a decade, primary care physician demand has outpaced demand for physicians in other specialties.<sup>12</sup> Of the more than 350,000 active physicians in the United States who indicated that their principal specialty was family medicine, general pediatrics, general internal medicine, internal medicine/pediatrics, geriatric medicine, or obstetrics and gynecology, 48,834 completed their GME in New York. More than three-quarters of the primary care physicians in New York completed GME in New York. Outside of New York, more than a dozen states rely substantially on New York to train their primary care physician workforce. In particular, at least 15% of the primary care physicians in New Jersey, Connecticut, Florida, New Hampshire, and Delaware received GME training in New York. Even states further away, such as Nevada (10%), California (10%), Georgia (9%), Arizona (9%), and Texas (9%) rely on New York for primary care physicians.



FIGURE 4. Percentage of Active Primary Care Physicians Who Completed GME in New York, 2022

#### Rural Areas<sup>‡</sup>

Access to health care in rural areas has long been a challenge in the United States. Of the approximately 60,000 active physicians practicing in rural areas<sup>11</sup> in the United States, 5,537 completed their GME in New York . More than half of the active physicians in rural areas in New York completed their graduate training in the state. Outside of New York, in 11 states at least 10% of the physicians practicing in rural areas received their GME in New York. Connecticut (33%), Massachusetts (18%), Vermont (17%), Florida (16%), and New Hampshire (16%) are the most reliant on New York for their rural physician workforce.





<sup>#</sup> For this analysis, rural areas were defined as all areas that are neither metropolitan nor micropolitan in the United States according to the Office of Management and Budget's classification. See Department of Health and Human Sevices. Defining Rural Population. https://www.hhs.gov/guidance/document/defining-rural-population

#### DISCUSSION

With the nation's evolving health care delivery system and the shifting demand for physicians, New York continues to be the nation's leader in training physicians. In 2021, New York trained 5,000 more physicians than the next closest state (California) and given the state's GME infrastructure, this situation is unlikely to change in the near future. New York has served as an invaluable source of physicians generally, especially for primary care physicians and those practicing in rural areas.

The COVID-19 pandemic has challenged the nation's health care system. Existing health workforce shortages have been exacerbated and new shortages have emerged as hospitals and other providers have responded to the increased volumes of patients directly attributable to COVID-19 and the pent-up demand for services delayed as the pandemic disrupted regular health care service delivery. Moreover, the pandemic brought the challenges of health workforce wellness and resilience into focus. As health care providers respond to these continuing challenges, it is clear that more and better supported health care professionals, including physicians, are needed to address the nation's health care needs.

While the entire health care system has been pushed to the brink in the past few years, long-standing challenges, such as access to physician services in rural areas, remain. Rural health disparities include increased mortality from heart disease, respiratory disease, cancer, stroke, and unintentional injury,<sup>16</sup> suicide,<sup>17</sup> and risk of permanent tooth loss,<sup>18</sup> as well as increased risk of preventable hospitalizations.<sup>19</sup> Moreover, these disparities have grown over time.<sup>20</sup> A contributing factor to these disparities is the lack of health care professionals and facilities in rural areas, including critical access hospitals, Federally Qualified Health Centers, and rural health clinics. Typically rural residents have to travel more than an hour to seek care in a hospital or clinic.<sup>21</sup>

Finally, expanding GME to meet the needs of the nation is challenged financially and logistically. From a financial perspective, efforts to expand GME are significantly hampered by the current Medicare cap on GME funding, which has been in place since 1997. Despite continuing and growing evidence of a physician shortage, Congress has only made minor adjustments to hospitals' Medicare GME caps.<sup>22</sup> Building new GME infrastructure requires robust investment and health services infrastructure resources that are increasingly difficult to find. As noted above, hospitals and other sites where GME occurs are becoming more and more scarce. Solutions such as recruiting future physicians from areas of shortage, including rural areas, and developing training tracts specifically focused on these areas and providing service to the underserved have been recently recommended by the federal Council on Graduate Medical Education.<sup>23</sup> Medical education and training partnerships between urban and rural areas that can provide physician resources to rural areas is one strategy that needs further development. These and other similar efforts can leverage the existing GME infrastructure in New York to better ensure success.

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# **APPENDIX**

# TABLE A-1. Number of Active Physicians Who Completed GME in New York by State, 2022

State	Active Physicians	Active Physicians Who Received GME in New York	Percent That Received GME in New York
New York	74,507	57,660	77%
New Jersey	29,593	12,171	41%
Connecticut	13,220	3,946	30%
Florida	61,635	11,257	18%
New Hampshire	4,289	756	18%
Delaware	2,635	433	16%
Rhode Island	4,075	655	16%
Vermont	2,523	384	15%
Massachusetts	31,940	4,567	14%
Washington, DC	4,761	677	14%
Maryland	24,345	3,434	14%
Maine	4,580	602	13%
Pennsylvania	42,377	5,548	13%
Nevada	6,871	829	12%
Virginia	23,954	2,854	12%
California	115,848	13,653	12%
Georgia	25,456	2,808	11%
Arizona	18,507	2,002	11%
North Carolina	27,961	2,731	10%
Texas	68,386	6,605	10%
Hawaii	4,622	418	9%
New Mexico	5,301	473	9%
West Virginia	4,986	403	8%
Washington	21,899	1,642	7%
South Carolina	12,449	923	7%
Ohio	35,132	2,572	7%
North Dakota	1,878	137	7%
Kentucky	10,509	758	7%
Indiana	15,499	1,041	7%
Illinois	37,239	2,485	7%
Louisiana	12,499	826	7%
South Dakota	2,254	147	7%
Wisconsin	15,902	1,030	6%

# TABLE A-1. Number of Active Physicians Who Completed GME in New York by State, 2022 (cont.)

State	Active Physicians	Active Physicians Who Received GME in New York	Percent That Received GME in New York
Tennessee	18,033	1,162	6%
Oregon	13,394	863	6%
Wyoming	1,235	77	6%
Colorado	17,428	1,073	6%
Iowa	7,005	430	6%
Alabama	10,997	639	6%
Minnesota	17,707	1,015	6%
Michigan	29,804	1,673	6%
Missouri	17,883	1,002	6%
Kansas	7,464	410	5%
Mississippi	5,664	311	5%
Oklahoma	8,223	449	5%
Alaska	2,109	111	5%
Utah	7,497	367	5%
Montana	2,958	144	5%
Arkansas	6,615	319	5%
Nebraska	4,887	232	5%
Idaho	3,673	134	4%
Total	950,208	156,838	17%

## TABLE A-2. Active Primary Care Physicians Who Completed GME in New York by State, 2022

State	Active Primary Care Physicians	Active Primary Care Physicians Who Received GME in New York	Percent That Received GME in New York
New York	24,909	19,287	77%
New Jersey	10,589	3,313	31%
Connecticut	4,475	1,057	24%
Florida	22,212	3,780	17%
New Hampshire	1,613	273	17%
Delaware	1,037	151	15%
Massachusetts	10,262	1,369	13%
Vermont	971	124	13%
Rhode Island	1,485	178	12%
Maryland	8,203	960	12%
Maine	1,935	212	11%
Nevada	2,567	280	11%
Washington DC	1,493	154	10%
Virginia	9,119	925	10%
California	44,432	4,308	10%
North Carolina	10,517	990	9%
Georgia	10,060	928	9%
Arizona	6,595	602	9%
Texas	25,108	2,229	9%
Pennsylvania	14,527	1,269	9%
New Mexico	2,203	155	7%
Hawaii	1,965	137	7%
South Carolina	4,843	290	6%
Washington	8,599	508	6%
West Virginia	1,941	106	5%
Kentucky	3,892	212	5%
Indiana	6,089	328	5%
Alabama	4,349	232	5%
Louisiana	4,634	238	5%
Tennessee	6,787	346	5%
North Dakota	786	40	5%
Ohio	12,477	617	5%
Mississippi	2,225	106	5%
Oklahoma	3,232	153	5%

State	Active Primary Care Physicians	Active Primary Care Physicians Who Received GME in New York	Percent That Received GME in New York
Wisconsin	6,151	285	5%
Oregon	5,355	242	5%
South Dakota	932	42	5%
Alaska	954	42	4%
Illinois	14,514	633	4%
lowa	2,944	128	4%
Colorado	6,425	273	4%
Wyoming	542	22	4%
Missouri	6,018	243	4%
Minnesota	6,733	270	4%
Michigan	11,409	408	4%
Utah	2,513	87	3%
Arkansas	2,781	92	3%
Kansas	3,030	97	3%
Montana	1,211	35	3%
Nebraska	1,976	46	2%
Idaho	1,522	32	2%
Total	351,141	48,834	14%

State	Active Physicians in Non-Metropolitan Areas	Active Physicians in Non-Metropolitan Areas Who Received GME in New York	Percent That Received GME in New York
New York	2,001	1,109	55%
Connecticut	331	109	33%
Massachusetts	72	13	18%
Vermont	1,169	194	17%
Florida	626	99	16%
New Hampshire	2,106	330	16%
Pennsylvania	1,905	281	15%
Maryland	329	45	14%
Maine	1,298	163	13%
New Mexico	861	96	11%
Virginia	1,052	107	10%
North Carolina	2,636	267	10%
Georgia	2,048	188	9%
Kentucky	2,219	202	9%
Hawaii	620	53	9%
Illinois	1,482	118	8%
Ohio	2,574	191	7%
Washington	981	70	7%
California	1,322	93	7%
South Carolina	884	62	7%
North Dakota	427	29	7%
Nevada	260	17	7%
Wisconsin	2,119	137	6%
Texas	2,623	169	6%
Tennessee	1,353	85	6%
West Virginia	1,169	73	6%
Louisiana	648	40	6%
Oregon	1,235	75	6%
Arizona	382	23	6%
Wyoming	762	45	6%
Oklahoma	1,230	72	6%
Indiana	1,324	76	6%
Mississippi	1,922	110	6%

### TABLE A-3. Active Physicians in Non-Metropolitan Areas Who Completed GME in New York, 2022

State	Active Physicians in Non-Metropolitan Areas	Active Physicians in Non-Metropolitan Areas Who Received GME in New York	Percent That Received GME in New York
lowa	1,314	74	6%
Alabama	1,018	56	6%
Nebraska	872	47	5%
Minnesota	1,683	90	5%
Utah	590	31	5%
Colorado	1,600	84	5%
Alaska	441	23	5%
Kansas	1,029	52	5%
Montana	1,558	76	5%
South Dakota	552	23	4%
Michigan	2,614	107	4%
Arkansas	1,099	35	3%
Missouri	2,705	86	3%
Washington DC	39	1	3%
Idaho	588	11	2%
Total	59,672	5,537	9%

#### TABLE A-3. Active Physicians in Non-Metropolitan Areas Who Completed GME in New York, 2022 (cont.)

This research was conducted at the Center for Health Workforce Studies (CHWS) by Gaetano Forte. Support for this analysis was provided by Greater New York Hospital Association.

Established in 1996, CHWS is an academic research center based at the School of Public Health, University at Albany, State University of New York (SUNY). The mission of CHWS is to provide timely, accurate data and conduct policy relevant research about the health workforce. The research conducted by CHWS supports and promotes health workforce planning and policymaking at local, regional, state, and national levels.