

# GAO@100 Highlights

Highlights of [GAO-21-329](#), a report to congressional requesters

## Why GAO Did This Study

Physician GME provides the clinical education to practice medicine independently in the U.S. Agencies within the Department of Health and Human Services (HHS) fund GME, including over \$15 billion from Medicare in 2018 (the latest year for which data were available).

To be eligible for federal funding, GME programs generally must be accredited. In 2014, the two primary accreditation organizations for physician GME—ACGME and AOA—announced plans for ACGME to serve as the nation's single accretor for these GME programs as of July 2020. The transition, which began in 2015, established a physician training framework to provide uniform, quality care to patients across the U.S.

GAO was asked to review the changes during the transition to a single GME accretor. This report describes changes in the number, composition (e.g., specialty or subspecialty), and geographic distribution of GME programs and their residents.

GAO analyzed ACGME and AOA program and resident data for academic years 2014-2015 through 2019-2020. GAO also reviewed documents and interviewed officials from HHS agencies, ACGME, and AOA about HHS programs that fund GME, as well as changes in the number of programs and residents, their composition, and geographic distribution of their primary training sites during the transition to ACGME as the single accretor.

GAO provided a draft of this report to HHS for comment. HHS provided technical comments, which GAO incorporated as appropriate.

View [GAO-21-329](#). For more information, contact A. Nicole Clowers at (202) 512-7114 or [clowersa@gao.gov](mailto:clowersa@gao.gov).

April 2021

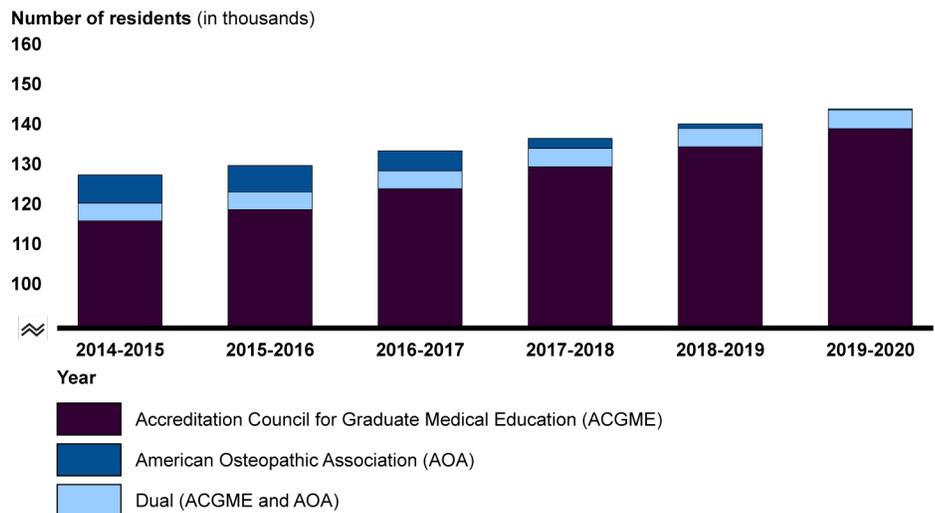
## GRADUATE MEDICAL EDUCATION

### Programs and Residents Increased during Transition to Single Accretor; Distribution Largely Unchanged

## What GAO Found

The number of programs that provide graduate medical education (GME) for physicians—commonly known as residency programs—and the number of residents in those programs increased during the transition to a single accretor for GME programs. Between 2014-2015 and 2019-2020—the last academic year of the transition to the Accreditation Council for Graduate Medical Education (ACGME) as the single accretor—the number of GME programs increased by 14 percent, from 10,608 to 12,117. Most (73 percent) of the 1,032 programs solely accredited by the American Osteopathic Association (AOA) in 2014-2015 applied for, and of these almost all were accredited by ACGME in 2019-2020; the remaining AOA-accredited programs chose to close. Overall, the number of residents training in GME programs increased by 13 percent.

**Graduate Medical Education Residents by Program Accretor, Academic Years 2014-2015 through 2019-2020**



Source: GAO analysis of data from the Accreditation Council for Graduate Medical Education and the American Osteopathic Association. | [GAO-21-329](#)

The composition of GME programs and residents—that is, whether they were in a specialty or subspecialty—did not change between 2014-2015 and 2019-2020. In both years, 83 percent of residents trained in a specialty program, such as internal medicine. Of the residents in a specialty program, nearly half trained in a primary care specialty (i.e., internal medicine, family medicine, or pediatrics). The remaining residents trained in a subspecialty, such as cardiovascular disease.

The geographic distribution of programs and residents was largely unchanged between 2014-2015 and 2019-2020. In both years, most (about 60 percent) programs and residents were located in the South and Northeast, and nearly all (98 percent) programs and residents trained in urban areas. Of the 3,142 counties in the U.S., GME programs in 2014-2015 were located in 467 counties. By 2019-2020, the number of counties with programs increased to 525. While there was growth in the number of programs and residents in rural areas, growth in urban areas was greater.