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# Nevada Health Workforce Research Center

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## Graduate Medical Education Trends in Southern Nevada – 2009 to 2018

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### Key Findings

*Graduate Medical Education Trends in Southern Nevada – 2009 to 2018* contains current information about physicians (MDs and DOs) who have completed residency and fellowship programs in southern Nevada. This research brief utilizes data from an annual survey of physicians completing graduate medical education (GME) in southern Nevada over the past decade. The survey has been undertaken by the Office of Statewide Initiatives (OSI) at the University of Nevada, Reno School of Medicine since 2004. The OSI survey data contained in this report is supplemented with licensure data from the Nevada State Board of Medical Examiners and the Nevada State Board of Osteopathic Medicine.

**Table 1: Post-Residency Employment, Training, and Location Plans of Physicians Completing GME in Southern Nevada – 2018**

	Begin Clinical Practice	Continue Training	Total
<b>Remaining in Nevada</b>	47 (40.9%)	3 (2.6%)	50 (43.5%)
<b>Leaving Nevada</b>	35 (30.4%)	30 (26.1%)	65 (56.5%)
<b>Total</b>	82 (71.3%)	33 (28.7%)	115 (100.0%)

Table 1 highlights the post-residency plans of the 115 physicians who graduated from GME programs in southern Nevada in 2018. In 2018, 43.5% of physicians completing GME training report that they will remain in Nevada upon graduation, whereas a majority of graduates (56.5%) intend to relocate to another state. A key finding of this report is that 30 of the 33 physicians pursuing additional training (90.9%) are leaving the state for fellowship and subspecialty training that does not exist in Nevada. This finding suggests that the development of fellowship programs in Southern Nevada holds the potential for increasing the number and percent of GME graduates who ultimately remain in Nevada to begin practice. Finally, 47 physicians or 40.9% of southern Nevada GME graduates in 2018 will begin practice in Nevada.

Figure 1 presents data on the post-residency plans of physicians completing GME in southern Nevada from 2009 to 2018. Over the past decade, the number of GME graduates in southern Nevada has increased significantly by 209.1% from 55 graduates in 2009 to 115 graduates in 2018. However, over the decade, the proportion of GME graduates who remained in Nevada upon graduation has varied widely from 27.9% to 52.8%. Moreover, the retention rate has exceeded 50% in only three years over the past decade. These trend data highlight the substantial proportion of GME graduates leaving the state for fellowship training that does not exist in Nevada.

**Figure 1: Post-Residency Employment, Training, and Location Plans of Physicians Completing GME in Southern Nevada – 2009 to 2018**

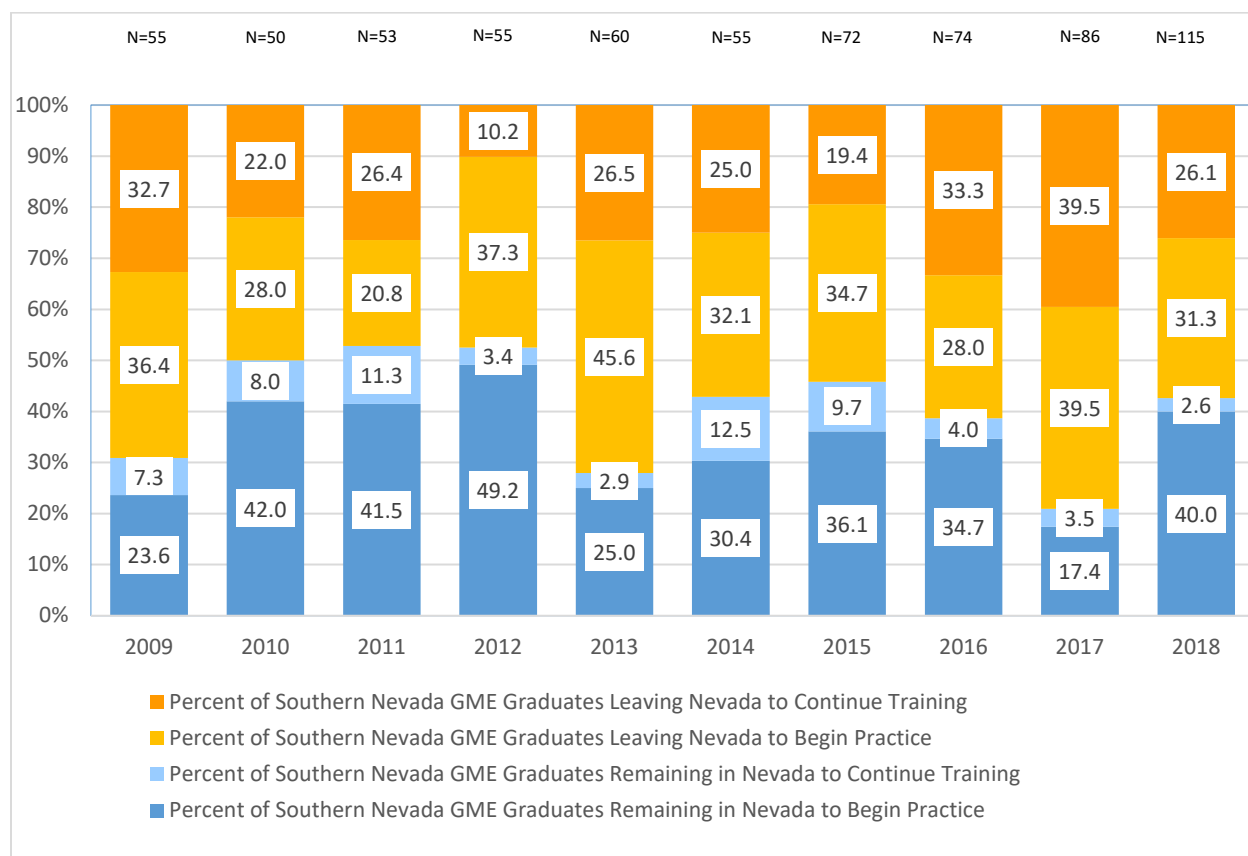
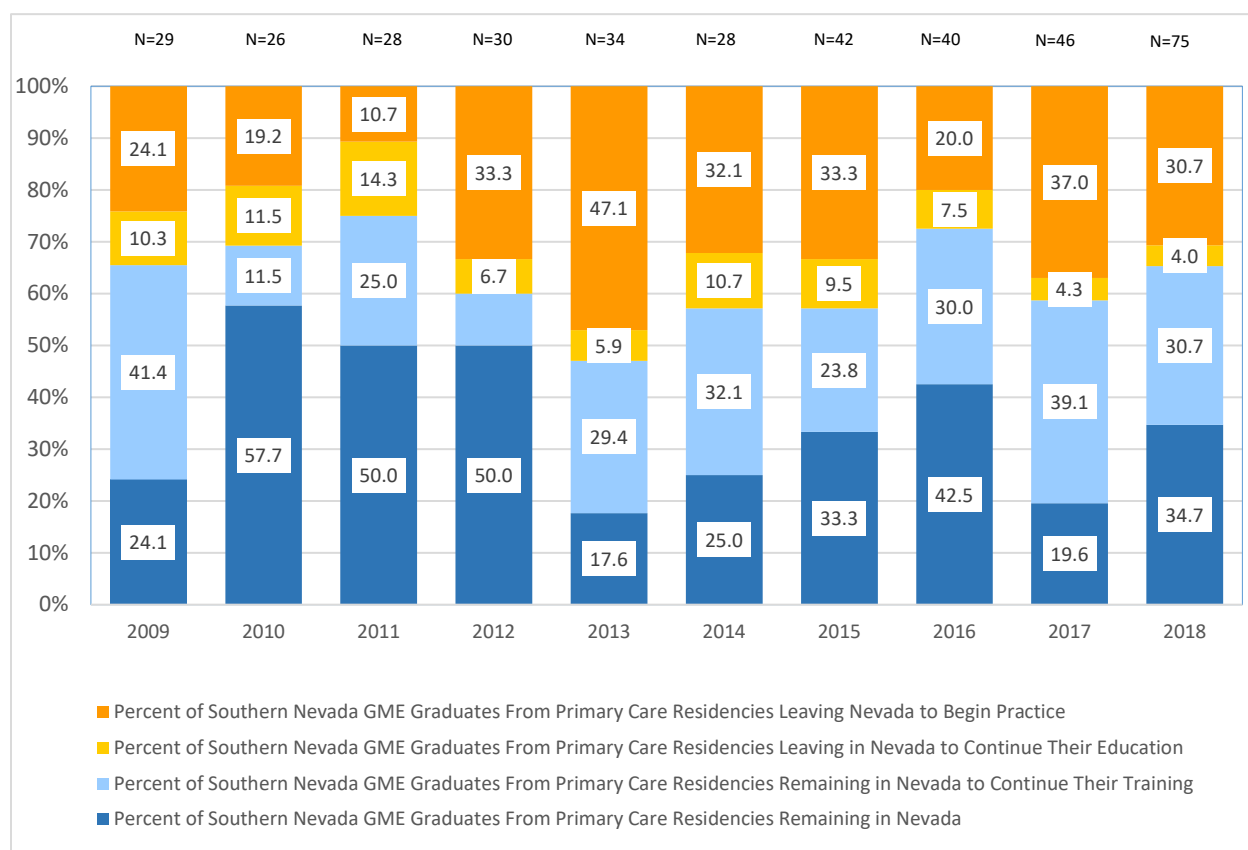


Figure 2 presents data on the post-residency plans of physicians completing primary care residency programs – Family Medicine, Internal Medicine, and Pediatrics – in southern Nevada from 2009 to 2018. Over the past decade, the number of primary care GME graduates in Southern Nevada has more than doubled (258.6%) from 29 graduates in 2009 to 75 graduates in 2018

In contrast to the general retention trends presented in the previous figure, Figure 2 highlights the fact that a majority of primary care GME graduates remain in Nevada upon graduation. Primary care retention rates have exceeded 50.0% over the past decade, ranging from 47.0% to 75.0%. In 2018, 65.4% of physicians completing primary care GME programs report that they will remain in Nevada upon graduation, as compared to only 34.7% of primary care GME graduates who plan to relocate to another state to begin practice or pursue additional training.

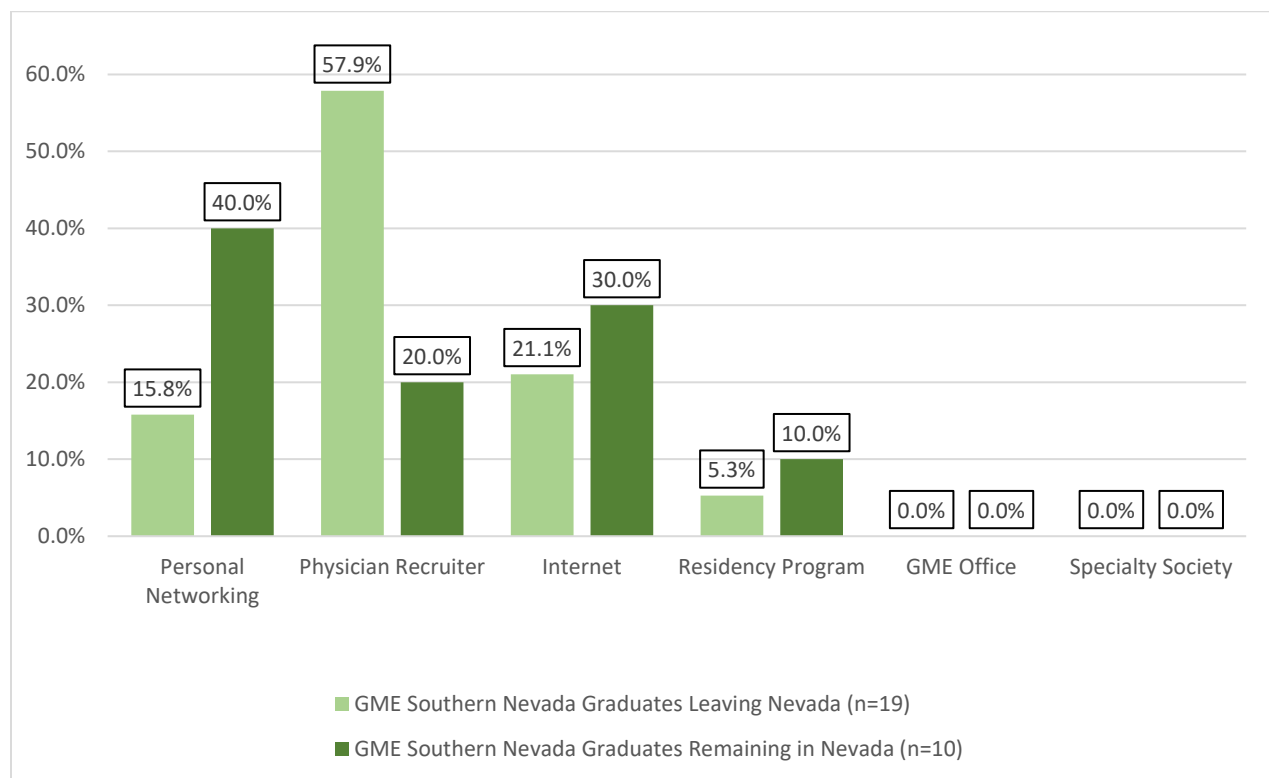
**Figure 2: Post-Residency Employment, Training, and Location Plans of Primary Care Physicians Completing GME in Southern Nevada – 2009 to 2018**



Figures 3 and 4 illustrate, respectively, the variety of job search tools used by GME graduates and the level of debt of incurred by physicians completing GME in southern Nevada over the past decade – key factors that affect a physician’s decision to remain or leave the state to begin practice or pursue additional training.

Figure 3 suggests important differences in job search strategies utilized by physicians remaining in southern Nevada as compared those who leave the state after completing GME. For example, physicians remaining in Nevada use personal networking (40.0%) much more than those who leave the state (15.8%).

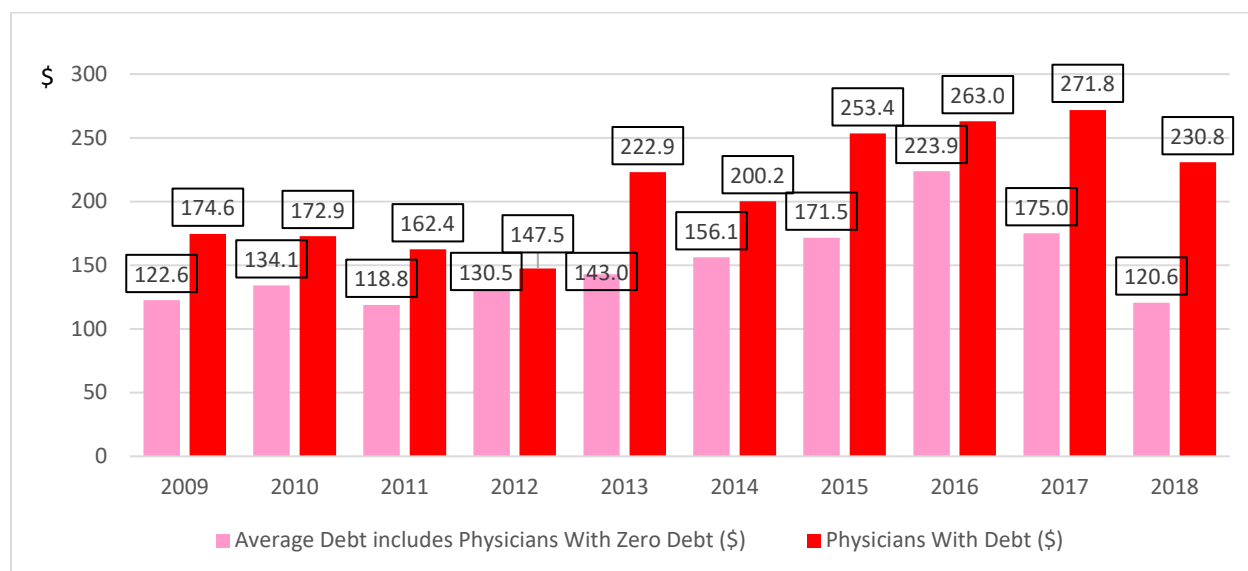
**Figure 3: Job Search Tools Used by Physicians Completing GME in Southern Nevada – 2018**



Likewise, physicians leaving Nevada used physician recruiters (57.9%) much more than those who remain in the state (20.0%). Data from previous GME exit surveys undertaken by the Office of Statewide Initiatives suggest an overall decline in the use of personal networking and a steady increase in the use of physician recruiters by GME graduates in their professional job searches.

Figure 4 summarizes the average level of debt of physicians completing residencies and fellowships in southern Nevada over the past decade. The figure highlights the fact that a significant proportion of GME graduates – primarily foreign medical students – have no debt upon graduation. For example, while the average level of debt for all physicians completing GME in southern Nevada has fluctuated over the past decade, the level of debt for those reporting any level of debt has exceeded \$250,000 for the past four years.

**Figure 4: Educational Debt of Physicians Completing GME Programs in Southern Nevada – 2009 to 2018**



### Discussion

The purpose of this research brief is to summarize key trends in the retention of physicians completing residencies and fellowships in southern Nevada, as well as some of the important factors affecting a physician’s decision to remain in or leave Nevada. While the report highlights a steady increase in the number of physicians completing GME in Nevada over the past decade, it also underscores opportunities to improve retention and increase the supply of physicians in Nevada through the continued expansion of fellowship programs and subspecialty training in surgery, emergency medicine, internal medicine, and pediatrics.



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