

## Migration After Family Medicine Residency: 56% of Graduates Practice Within 100 Miles of Training

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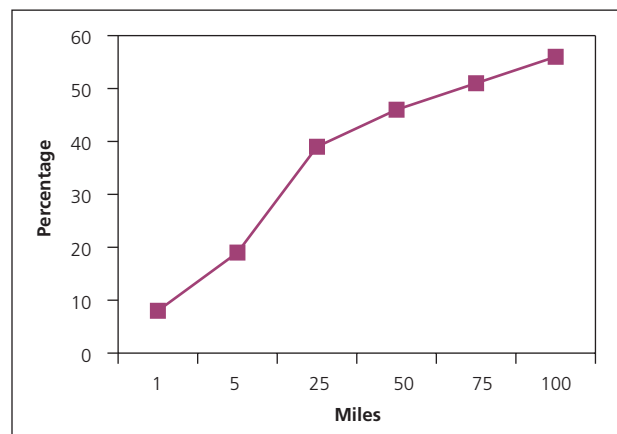
With state planners working to address primary care shortages and federal graduate medical education payment reform looming, regional retention statistics for family medicine residency programs are a subject of high interest. Using the 2009 American Medical Association Physician Masterfile, we found that 56% of family medicine residents stay within 100 miles of where they graduate from residency.

Insurance expansion, paired with evidence of a primary care physician shortage and a known geographic maldistribution of primary care physicians,<sup>1</sup> has policymakers and stakeholders eager to understand the influence of family medicine residency program location on postgraduation practice location. It is often quoted that 50% of family medicine residents stay within 100 miles of where they graduate, whereas in reality, little evidence exists to support this claim.<sup>2,3</sup> A study in 1995 assessed all residency graduates (not exclusively family physicians) and found that 51% of physicians were practicing in the state in which they graduated from residency.<sup>4</sup>

2009 data from the American Medical Association Physician Masterfile show that 56% of family medicine residency program graduates practice within 100 miles of their residency program. Of note, 19% locate within five miles, and 39% locate within 25 miles of their residency program (*see accompanying figure*).

The distribution of physicians continues to compromise access to primary care, a problem compounded by limited volume of training outside of major metropolitan areas and large academic health centers.<sup>5</sup> More research is needed to explore the influences of practice site other than training location, but these findings seem to support current efforts to decentralize graduate medical education training through models such as teaching health centers and rural training tracks.

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**Figure.** Percentage of family medicine graduates who practice within 100 miles of their residency training site.

Data from the 2009 American Medical Association Physician Masterfile.

A collection of One-Pagers published in *AFP* is available at <http://www.aafp.org/afp/graham>. One-Pagers are available from the Graham Center at <http://www.graham-center.org>.

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### REFERENCES

1. Petterson SM, Phillips RL Jr, Bazemore AW, et al. Unequal distribution of the U.S. primary care workforce. *Am Fam Physician*. 2013;87(11). <http://www.aafp.org/afp/2013/0601/od1.html>. Accessed October 15, 2013.
2. Carek PJ, Peterson L, Abercrombie S, et al. Recent South Carolina AHEC family practice residency program graduates. *J S C Med Assoc*. 2011; 107(5):174-177.
3. Hixon AL, Buenconsejo-Lum LE, Racsa CP. GIS residency footprinting: analyzing the impact of family medicine graduate medical education in Hawaii. *Hawaii J Med Public Health*. 2012;71(4 suppl 1):31-39.
4. Seifer SD, Vranizan K, Grumbach K. Graduate medical education and physician practice location. Implications for physician workforce policy. *JAMA*. 1995;274(9):685-691.
5. Chen C, Petterson S, Phillips RL, et al. Toward graduate medical education (GME) accountability: measuring the outcomes of GME institutions. *Acad Med*. 2013;88(9):1267-1280. ■