

Require all sponsoring institutions and teaching hospitals seeking NEW Medicare- and/or Medicaid-financed GME positions to meet minimum primary care training thresholds as a condition of their expansion.

Expansion of GME is a priority for most if not all sponsoring institutions and teaching hospitals. The need for such expansion is being accelerated by growth and aging in our population. The most immediate need is in primary care, but there are other specialties that face shortages as well. To best meet the needs of our current and future population, the AAFP recommends that a policy be implemented that requires all sponsoring institutions and teaching hospitals seeking new Medicare- and/or Medicaid-financed GME positions to meet minimum primary care training thresholds as a condition of their expansion. We also recommend that current “over cap” positions not be eligible for new GME funding, because financial support for those positions has already been demonstrated.

The AAFP believes that any expansion of GME slots should be allocated on a 50/50 basis with at least 50% of all new positions going to primary care (family medicine, general internal medicine, and general pediatrics) and 50% going to other primary residency (first-certificate) programs. Of the 50% of new positions dedicated to primary care, at least 50% of those positions must be dedicated to family medicine, and they must be preserved as family medicine residency positions for 10 years at minimum.

Under the AAFP’s “Aligning Resources” proposal, we identify a mechanism to create more than 7,000 new primary residency training positions. Under this recommendation, those 7,000 full-time equivalents (FTEs) would be distributed as follows:

- 7,000 new FTEs
- 3,500 (50% of 7,000) new primary care residency positions (family medicine, general internal medicine, general pediatrics)
- 1,750 (50% of 3,500) new family medicine residency positions
- The remaining 3,500 new positions would be used to create new positions in one of the non-primary care first-certificate programs.

Demonstrate a commitment to primary care through the establishment of thresholds and maintenance-of-effort requirements applicable to all sponsoring institutions and teaching hospitals currently receiving Medicare and/or Medicaid GME financing.

In order to be eligible for any new GME positions in the future, the AAFP recommends that all sponsoring institutions and teaching hospitals currently receiving Medicare and/or Medicaid funding for GME be required to allocate, at minimum, 33% of their currently approved and funded full-time equivalent positions (FTEs) (as of their most recent closed cost report) to the training of primary care physicians (family medicine, general internal medicine, and general pediatrics).

If the current allocation of approved and funded FTEs exceeds 33%, the sponsoring institution and/or teaching hospital must maintain that effort for 10 years in order to be eligible for new GME positions.

Calculation of the primary care maintenance of effort should be based on the status of the physician five years after the date of graduation from medical school.