

Frequently Asked Questions About Geriatrics

The following answers to questions about geriatricians and the shortage of geriatrics healthcare providers is based on data from the Association of Directors of Geriatric Academic Programs (ADGAP) and the American Geriatric Society's (AGS) Geriatrics Workforce Policy Studies (GWPS) Center.

What is a geriatrician?

A geriatrician is a medical doctor who is specially trained to meet the unique healthcare needs of older adults. Illnesses, diseases and medications may affect older people differently than younger adults and older patients often have multiple health problems and take multiple medications. Geriatricians prevent, manage and develop care plans that address the special health problems of the elderly.

Generally, geriatricians are primary care physicians who are board-certified in either family medicine or internal medicine and have completed the additional training necessary to become board certified in geriatric medicine.

Geriatricians often work as part of a team with other healthcare providers, including advanced practice registered nurses, registered nurses, pharmacists and physical therapists—who may also have advanced training and hold special certifications in geriatrics. A geropsychiatrist is a psychiatrist trained to meet older adults' mental health needs and address specific syndromes seen in the elderly.

How many board certified geriatricians and geropsychiatrists are there in the U.S.?

There are 7,428 board certified geriatricians (7,063 in allopathic medicine and 365 in osteopathic medicine) and 1,629 (1,618 allopathic and 11 osteopathic) board certified geriatric psychiatrists in the U.S.¹

What special training do geriatricians receive?

After earning their medical degrees, geriatricians complete a three-year residency program in either internal medicine or family medicine before entering a geriatric medicine fellowship program.

Through this training, geriatricians develop clinical competence in: the physiology of aging; illnesses common among older persons; atypical presentations of illnesses in older adults; the functional assessment of older people; the treatment and management of older adults in acute care, long-term care, community-based, and home-care settings; and the assessment of cognitive status and mood in the elderly. Geriatricians also have clinical training and experience providing care for persons who are generally healthy and require primarily preventive healthcare. In addition, their training highlights behavioral aspects of illness, socioeconomic factors, health literacy issues and ethical and legal considerations that may affect the medical management of older patients. Geropsychiatrists complete a four-year residency program in psychiatry before entering a fellowship program in geriatric psychiatry.

¹ American Board of Medical Specialties. 2013-2014 ABMS Board Certification Report. Certification statistics reported through 2013-2014 by the ABMS Member Boards. Available at: <http://www.abms.org/news-events/2013-2014-abms-board-certification-report-now-available/> and Scheinthal S, Gross C and Morales-Egizi, L. Appendix 2: AOA Specialty Board Certification. Certification statistics as of December 2014. The Journal of the American Osteopathic Association. 2015;114 (4), 275-278

How many geriatrics training slots are there? How many are filled?

For academic year 2013-14 in allopathic programs, there were 486 geriatric medicine first-year fellowship training slots, and 306, or 63%, were filled. For the same year, there were 125 geriatric psychiatry fellowship first-year training slots, and 63, or 50%, were filled.²

Osteopathic geriatric medicine fellowship programs had 61 slots and nine first year fellows, and the two osteopathic geriatric psychiatry fellowship programs had six positions but no residents in academic year 2012-13.³

How many students are going into geriatrics training this year? How does this compare with previous years?

In 2013, 96 internal medicine or family medicine residents who graduated from U.S. medical schools (USMDs) entered geriatric medicine fellowship programs. The number of USMDs entering geriatric medicine fellowship programs increased from 86 in 2009 to 96 in 2013.⁴ For the past 10 years, only 3% of graduates of internal medicine and family medicine residency programs entered a geriatric medicine fellowship program.

In 2013, 34 psychiatry residents who graduated from USMDs entered a geriatric psychiatry fellowship program. The number of USMDs entering geriatric psychiatry fellowship programs increased from 17 in 2009 to 34 in 2013.⁵ In 2013, 6.2% of psychiatry residency programs entered a geriatric psychiatry fellowship program.

The majority of physicians who enter geriatric fellowship programs attended medical school outside of the U.S. Of the 319 physicians who entered allopathic geriatric medicine fellowship programs in 2013, 201 were international medical school graduates (IMGs), two were Canadians and 20 were from osteopathic medical schools. Unlike previous years, the majority of residents entering geriatric psychiatry fellowship programs were USMDs, with only 20 fellows being IMGs and nine graduates of osteopathic schools.⁶

What are the current and projected future doctor to patient ratios in geriatrics?

There are currently 7,428 allopathic and osteopathic certified geriatricians in the U.S.—one geriatrician for every 2,526 Americans 75 or older. Due to the projected increase in the number of older Americans and the plateauing of the number of geriatricians over the last 10 years, this ratio is expected to drop to one geriatrician for every 4,484 older Americans in 2030.^{7,8}

² Brotherton SE & Etzel SI. Graduate Medical Education 2013-2014. JAMA. 2014;312(22):2427-2445.

³ DeRosier A, Lischka TA, and Martinez B. Appendix 1: Osteopathic Graduate Medical Education 2014. Table 2. The Journal of the American Osteopathic Association. 2014;114(4):299-303.

⁴ Brotherton SE & Etzel SI. Graduate Medical Education 2013-2014. JAMA. 2014;312(22):2427-2445.

⁵ Brotherton SE & Etzel SI. Graduate Medical Education 2013-2014. JAMA. 2014;312(22):2427-2445.

⁶ Brotherton SE & Etzel SI. Graduate Medical Education 2013-2014. JAMA. 2014;312(22):2427-2445.

⁷ American Board of Medical Specialties. 2013-2014 ABMS Board Certification Report. Certification statistics reported through 2013-2014 by the ABMS Member Boards. Available at: <http://www.abms.org/news-events/2013-2014-abms-board-certification-report-now-available/> and Scheinthal S, Gross C and Morales-Egizi, L. Appendix 2: AOA Specialty Board Certification. Certification statistics as of December 2014. The Journal of the American Osteopathic Association. 2015;114 (4), 275-278.

⁸ Projections for 2010 through 2050 are from: Table 12. Projections of the Population by Age and Sex for the United States: 2010 to 2050 (NP2008-T12), Population Division, U.S. Census Bureau; Release Date: August 14, 2008. The source of the data for 1900 to 2000 is Table 5. Population by Age and Sex for the United States: 1900 to 2000, Part A. Number, Hobbs, Frank and Nicole Stoops, U.S. Census Bureau, Census 2000 Special Reports, Series CENSR-4, Demographic Trends in the 20th Century. Compiled by the Administration on Aging.

There are far fewer geriatric psychiatrists. Currently there are 1,629 allopathic and osteopathic—one for every 11,526 older Americans.⁹ That ratio is projected to decrease by 2030 to one geropsychiatrist for every 20,448 Americans 75 and older.¹⁰

What's the average salary for a geriatrician?

The median salary for a geriatrician in private practice in 2010 was \$183,523.

This was \$5,879 less than the average family physician's salary and \$21,856 less than the average general internist's salary. Geriatricians train at least one year longer than their primary care colleagues, and yet they are compensated at a lower level. Overall, geriatricians' compensation is significantly lower than that of most other medical and surgical specialists.

What factors are contributing to—or are expected to contribute to—the shortage of geriatricians?

Over the last five years (2008-09 to 2012-13), there has been a slight increase in the number of U.S. medical school graduates (from 15,100 to 16,399)^{11,12}

choosing careers in internal medicine and family medicine—the two fields that are the source of applicants for geriatric fellowship programs. Physicians in internal medicine, family medicine—and geriatrics—earn significantly less and have less predictable work schedules than those in other medical and surgical specialties, especially popular disciplines such as dermatology, plastic surgery, otolaryngology, radiation oncology, and emergency medicine.

A career focused on caring for older adults can be particularly financially unattractive for physicians with increasingly large medical school loan debts. Physicians graduating from U.S. medical schools in 2014 owed an average of \$178,046 for their education.¹³

In many parts of the U.S., Medicare payment rates for physicians are lower than commercial insurance rates. Medicare reimbursement is the major source of income for most geriatricians and, as a result, community-based geriatricians have lower incomes than most other physician specialists.

Are there any sub-specialties within geriatrics that are able to recruit more candidates than others?

Geriatricians providing hospital-based care for older adults and hospital-based palliative care for older people have been in increasing demand and are earning more competitive salaries. These important career paths are benefiting from a new trend—increasingly, U.S. hospitals are recruiting and subsidizing the practices of physicians caring for the hospitalized elderly.

⁹ American Board of Medical Specialties. 2013-2014 ABMS Board Certification Report. Certification statistics reported through 2013-2014 by the ABMS Member Boards. Available at: <http://www.abms.org/news-events/2013-2014-abms-board-certification-report-now-available/> and Scheinthal S, Gross C and Morales-Egizi, L. Appendix 2: AOA Specialty Board Certification. Certification statistics as of December 2014. The Journal of the American Osteopathic Association. 2015;114 (4), 275-278.

¹⁰ Projections for 2010 through 2050 are from: Table 12. Projections of the Population by Age and Sex for the United States: 2010 to 2050 (NP2008-T12), Population Division, U.S. Census Bureau; Release Date: August 14, 2008. The source of the data for 1900 to 2000 is Table 5. Population by Age and Sex for the United States: 1900 to 2000, Part A. Number, Hobbs, Frank and Nicole Stoops, U.S. Census Bureau, Census 2000 Special Reports, Series CENSR-4, Demographic Trends in the 20th Century. Compiled by the Administration on Aging.

¹¹ Brotherton SE & Etzel SI. Graduate Medical Education 2013-2014. JAMA. 2014;312(22):2427-2445.

¹² Brotherton SE & Etzel SI. Graduate Medical Education 2008-2009. JAMA. 2009;302(12):1357-1372.

¹³ AAMC Medical School Graduation Questionnaire. 1014 All Schools Report. Available at: <https://www.aamc.org/data/gg/allschoolsreports/>