

College for all Texans



GRADUATE MEDICAL EDUCATION REPORT

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House Bill 2908

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Texas Higher Education Coordinating Board



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Mission of the Coordinating Board

The Texas Higher Education Coordinating Board's mission is to work with the Legislature, Governor, governing boards, higher education institutions, and other entities to help Texas meet the goals of the state's higher education plan, *Closing the Gaps by 2015*, and thereby provide the people of Texas the widest access to higher education of the highest quality in the most efficient manner.

Philosophy of the Coordinating Board

The Texas Higher Education Coordinating Board will promote access to quality higher education across the state with the conviction that access without quality is mediocrity and that quality without access is unacceptable. The Board will be open, ethical, responsive, and committed to public service. The Board will approach its work with a sense of purpose and responsibility to the people of Texas and is committed to the best use of public monies. The Coordinating Board will engage in actions that add value to Texas and to higher education. The agency will avoid efforts that do not add value or that are duplicated by other entities.

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Executive Summary

In 2011, the 82nd Texas Legislature, Regular Session passed House Bill 2908 (HB 2908), which directed the Texas Higher Education Coordinating Board (THECB) to include in the five-year strategic master plan, an assessment of the adequacy of opportunities for graduates of medical schools in the state to enter graduate medical education in the state.

This report presents the information required in the legislation. The information will also be included in the *2012 Coordinating Board Strategic Plan, 2013 through 2017*. The following information is presented in the report, as described in HB 2908:

- 1) compare the number of first-year graduate medical education positions available annually with the number of medical school graduates;
- 2) include a statistical analysis of recent trends in and projections of the number of medical school graduates and first-year graduate medical education positions in this state;
- 3) develop methods and strategies for achieving a ratio for the number of first-year graduate medical education positions to the number of medical school graduates in this state of at least 1.1 to 1;
- 4) evaluate current and projected physician workforce needs of this state, by total number and by specialty in the development of additional first-year graduate medical education positions; and
- 5) examine whether this state should ensure that a first-year graduate medical education position is created in this state for each new medical student position established by a medical or dental unit.

The report presents the current challenges facing the Texas workforce, the educational pipeline, undergraduate medical school student data, graduate medical education data, and physician workforce information. The report also presents conclusions and recommendations.

Conclusions

Texas increased its medical school enrollments 31 percent from fall 2002 to fall 2011, from 1,342 to 1,762, responding to the national call by the Association of American Medical Colleges to increase medical school enrollments by 30 percent.

Texas currently provides instruction and operation formula funding to support its medical students at \$42,000 annually, or a total of \$168,000 per student.

The fall 2011 classes that have increased medical school enrollments will begin to graduate students in 2015.

In fall 2011, the ratio of first-year entering residency positions to graduates was close to 1 to 1, with 1,494 first-year entering residency positions for the 1,458 medical school graduates.

In 2011, Texas had more than 550 residency programs, offering a total of 6,788 residency positions. Only 22 percent (1,494) of these positions were first-year entering residents. Residency programs require three to eight years of training; thus, each year can only be a maximum of roughly one-third of the total residency positions.

Without increases in the number of first-year residency positions, beginning in 2014, at least 63 graduates of Texas medical schools will not have an opportunity to enter a Texas residency program.

By 2016, at least 180 medical school graduates will have to leave the state for their first year of residency training due to a lack of residency positions. The state's investment in their education of \$168,000 per graduate, or \$30.2 million annually will not benefit the state. The cost of adding additional first-year entering residency positions would reduce the loss of medical school graduates to other states.

While some of the graduates who enter residency training in other states may eventually return to Texas, others will not.

Resident physicians provide low-cost care to needy populations and tend to remain in the state in which they complete their residency training.

Residency programs are lengthy and expensive, with conservative estimates of \$150,000 to educate a resident physician for a year.

Texas provides minimal funding support for residency training affiliated with health-related institutions through a formula allocation of \$4,400 per resident, which equates to just 3 percent of the estimated cost of residency education.

An additional amount of \$3,800 per resident is provided to family medicine residents through a trusted fund administered by the THECB. These funds combined with the formula allocation cover approximately five percent of the estimated cost of these residency programs.

The largest explicit funding support for residency programs is provided through the federal Centers for Medicare and Medicaid Services, which historically has paid its share of total costs. However, federal funding for residency training is capped at 1996 levels for the direct support of graduate medical education. The cap only supports a third of the costs of 4,056 of the 4,598 actual positions in Texas, leaving the residency programs to cover the cost of two-thirds of the 4,056 positions and the full cost of 542 positions. Texas is currently over its Medicare cap by 13 percent.

The residency programs have to support the full cost of the education of the 542 federally unfunded residency positions at an estimated cost of \$81.3 million ($\$150,000 \times 542$). Some of the cost is supported through increased patient care services provided by the residents, while under the direct supervision of faculty.

Texas is a net importer of physicians; however, the growth in the Texas general population has kept the physician to 100,000 population ratio stagnant.

Beginning in 2014, Texas will need 220 more residency positions to achieve the 1.1 to 1 ratio of first-year residency positions to medical school graduates. This is based on a projected 1,565 medical students graduating in 2014.

If Texas were to reach the current national average of physicians per 100,000 population ratios for the 15 medical specialties that admit first-year residents, significant increases to the number of residents would be required, beginning in 2014. If an additional 1,048 residents could be trained beginning in 2014, it would take the state 10 years to reach the current national average of physicians for just these specialties. If the state were to pick up the 10 percent cost of training these additional resident physicians, over the 10 year period, the state would need an additional \$15.7 million beginning in 2014. By 2017, this amount would increase to support 4,192 residents, bringing the cost up to an estimated \$62.8 million annually.

Based on these conclusions, the Coordinating Board offers the following recommendations:

Recommendation: The State should mandate that an additional first-year residency position be added for each new medical student enrolled, beginning in 2014.

Recommendation: In order to achieve a 1.1 to 1 ratio of Texas first-year entering positions to medical school graduates, the Texas Legislature should provide an additional \$11.7 million ($\$15,000 \times 779$) in funding to support 10 percent of the cost for new first-year entering residency training positions beginning in the 2014-2015 biennium, if funding is available. This would support the addition of 220 first-year entering residency positions that would be needed beginning in 2014, and allow the residents to continue training, and add 339 first-year entering residents in 2015. However, this funding would have to be maintained.

Recommendation: Health-related institutions and hospitals should prioritize establishing more first-year residency positions and maintain the positions through the subsequent years of

residency training that will be needed to accommodate the growing number of medical school graduates.

Recommendation: The Texas Congressional delegation should be encouraged to support Congressional action to reconsider the current Medicare caps, which would allow states with increased populations to receive support for the expansion of residency training.

Introduction

In 2011, the 82nd Texas Legislature, Regular Session passed House Bill 2908 (HB 2908), which directed the Texas Higher Education Coordinating Board (THECB) to include in the five-year strategic master plan, an assessment of the adequacy of opportunities for graduates of medical schools in the state to enter graduate medical education in the state.

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- 4) evaluate current and projected physician workforce needs of this state, by total number and by specialty in the development of additional first-year graduate medical education positions; and
- 5) examine whether this state should ensure that a first-year graduate medical education position is created in this state for each new medical student position established by a medical or dental unit.

The report presents the current challenges facing the Texas workforce, the educational pipeline, undergraduate medical school student data, graduate medical education data, and physician workforce information. The report also presents conclusions and recommendations. The report does not include an assessment of the entire health professions workforce. It does not include an assessment of the roles and functions of the Physician Assistant or the Nurse Practitioner.

Challenges to the Texas Physician Workforce

The Texas physician workforce includes physicians educated and trained in the state, and physicians educated in other states and/or countries who come to Texas to continue their training in a residency program or join or begin a medical practice. The state's physician workforce needs evolve and change to meet the needs of the Texas population and advances in medicine.

In 2012, Texas population exceeds 25 million and is projected to continue increasing in the coming decades. The Texas State Demographer projects the Texas population will reach 30 million by 2020. Prominent increases are predicted in the elderly and in the Hispanic

populations. As these population sectors increase, they will present challenges to the health care system. These challenges will emerge through different patterns of physician visits and need for medical procedures. The aging population is expected to have greater financial security, have more health insurance coverage, and access more health care services. The increasing Hispanic population is expected to be younger, have less health insurance coverage, and have an increased incidence of chronic lifelong health conditions, such as diabetes and obesity. These population sectors will exert demands on the existing and future physician workforce.

Escalating health care costs confound the delivery of health care services, and as these services grow more specialized, they become more costly. Other factors influence the health care delivery system, including declining employer-based financial support for health insurance, and reductions in federal support for Medicare and Medicaid programs.

The Texas physician workforce faces other challenges, including the high rate of uninsured and recent passage of federal legislation to address health insurance. In Texas, 25 percent of the population is uninsured, compared to 16 percent nationally. Providing care for the uninsured is often associated with delayed or postponed treatment, which results in more complex and higher cost services.

Recent passage of the federal Patient Protection and Affordable Care Act in 2010 put in place comprehensive health financing reforms that are underway or will begin in the next couple of years. Reforms include providing access to insurance for the uninsured with pre-existing conditions, allowing young adults to remain on their parent's insurance plan until they turn 26 years old, requiring health plans to cover certain preventive services, and prohibiting insurance companies from rescinding coverage for an error or technical mistake on a customer's application. Notably, by January 1, 2014, most individuals who can afford it will be required to obtain health insurance coverage or pay a fee to offset the costs of caring for uninsured Americans. The eligibility for enrollment in Medicaid will be greatly expanded to millions of those that are uninsured. These requirements will lead to more Texans attempting to access health care services.

Expanding health insurance and government coverage may result in greater demand for health care services and an increased need for additional physicians. This is a concern, as the Texas physician workforce has faced a shortage challenge for several decades, even though Texas attracts many physicians to the state. While the number of new physician licenses issued increased steadily in the last decade, the population of Texas experienced similar increases, which made the gains to the physician workforce appear static.

From 2006 to 2011, newly licensed Texas physicians increased 37 percent. However, that rate of increase is unlikely to continue, as the Texas Medical Board reported fewer new Texas physician license applications in 2011 (4,181) than in 2010 (4,218). In addition, the ratio of practicing physicians to population in Texas, while increasing from the 2007 level of 157 per 100,000 to the 2010 level 165 per 100,000, is still well below the national average of 220

physicians per 100,000. An optimal level of physicians per 100,000 has not been established for Texas. Notably, studies have shown that the type of physicians within a community affect the cost and quality of health care. Several studies have shown that communities with greater numbers of primary care physicians per 100,000 population have demonstrated lower health care costs and report higher quality of health. (Starfield, 2011) The majority of increases to the Texas physician workforce have occurred in the specialties and subspecialties that are not defined as primary care specialties.

In 2006, in an effort to address a predicted national shortage of physicians, the Association of American Medical Colleges called on their member institutions to increase medical school enrollments by 30 percent from the 2002 enrollment levels. Texas medical schools responded to this call and increased enrollments. In the 2008 THECB report, *Projecting the Need for Medical Education in Texas*, it was noted, "Texas schools would need to increase first-year enrollments by a minimum of 43 new students annually to achieve the 30 percent increase target of 1,745 first-year enrollments." In fall 2011, Texas achieved this goal with a first-year enrollment of 1,762 in Texas medical schools.

Medical Education Pipeline

The traditional education pathway to become a U.S. physician includes graduation from a four-year college; graduation from an accredited U.S. or international medical school, which takes four years; and completion of a residency or graduate medical education (GME) training experience, which ranges from three to eight years. Additional training beyond a residency in a subspecialty/fellowship adds additional time to completion.

The education and training of a physician is a lengthy and expensive process. Most physicians begin their medical practices in their early to mid-30s because their education and training requires a minimum of 11 years post-secondary education.

The cost of becoming a physician varies by state and by medical school. In comparison to the nation, Texas medical schools have relatively low tuition and fees for in-state students, with an average cost of \$16,000 annually. The same holds true for educational debt. Nationally, the average new physician enters their medical practice with \$200,000 in debt. The amount is lower for Texas medical school graduates, but exceeds \$100,000. In a Texas Medical Association Survey of 2010 graduates, 60 percent of respondents reported a debt load of more than \$100,000. Additionally, physicians beginning their residency training may already be required to begin payment on loans incurred while pursuing their bachelor's and medical degrees.

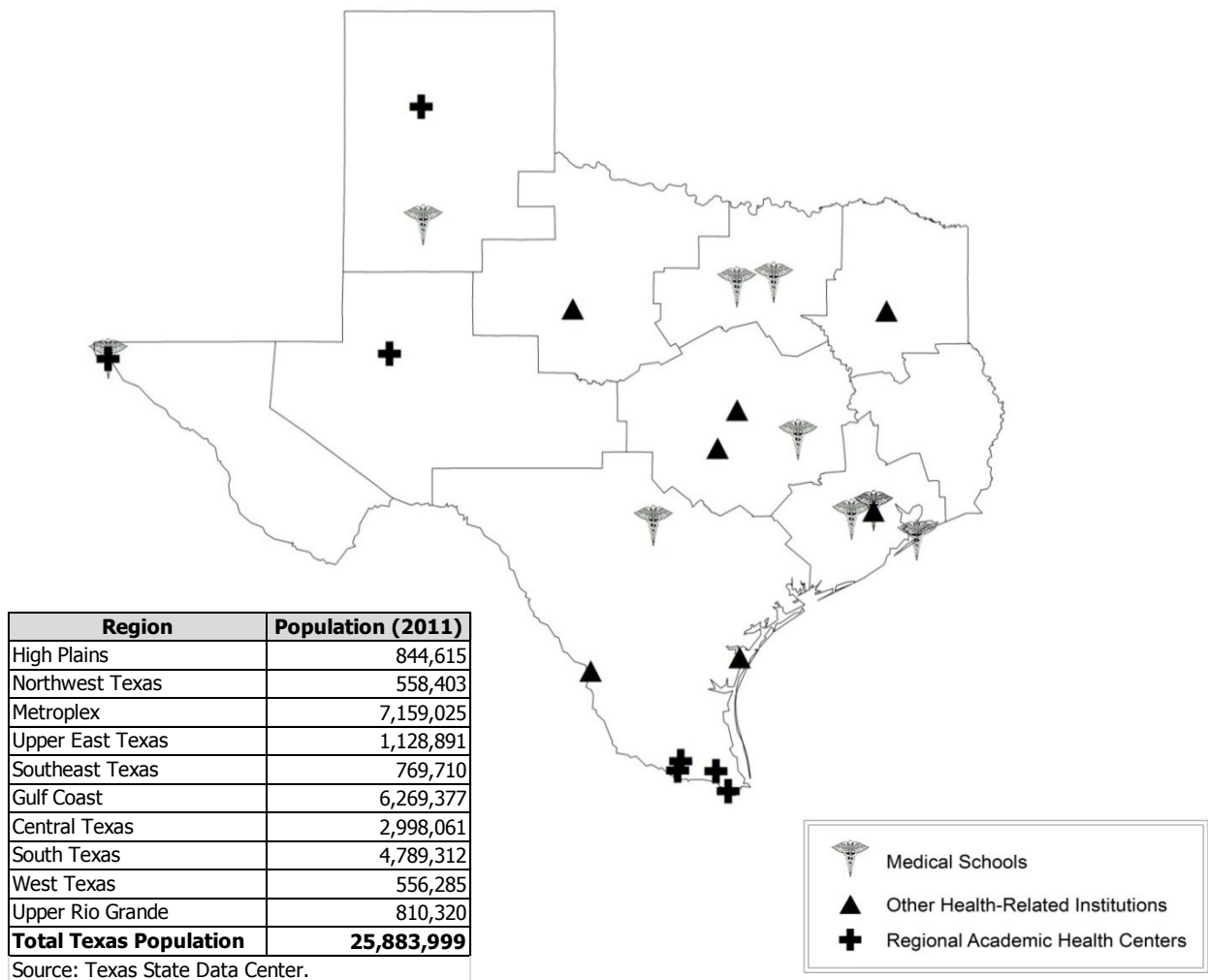
Medical Schools

Texas has nine medical schools; eight are public, and one, Baylor College of Medicine (Houston), is independent although it receives state funding. Of the eight public medical schools, seven are allopathic medical schools, granting the M.D. degree and one is an osteopathic medical school, granting the D.O. degree. The eight public medical schools are part

of the state’s public health-related institutions, which offer a variety of health-related degree programs.

The medical schools’ primary locations are shown in Figure 1 in relation to the 10 higher education regions of the state. All the medical schools are located in large metropolitan counties. In fall 2009, the inaugural class matriculated at Texas Tech University Health Sciences Center El Paso Paul L. Foster School of Medicine. This was the first medical school to open in Texas in 30 years, and its first class will graduate in spring 2012.

Figure 1. Texas Medical Schools, Regional Academic Health Centers, and Other Health-Related Institutions

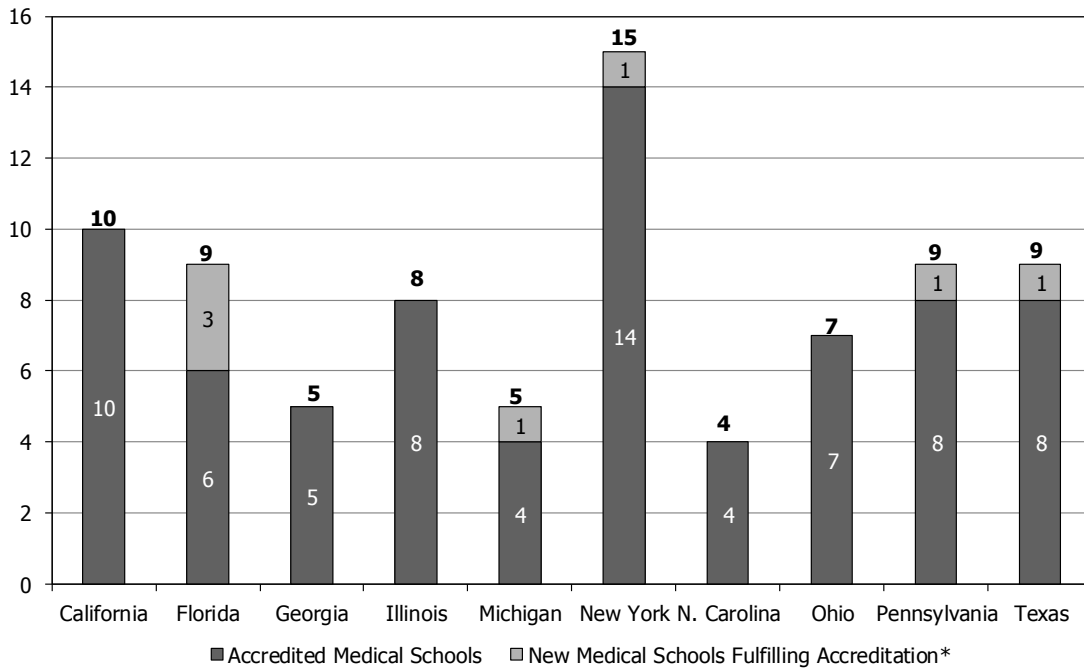


Medical Schools

The University of Texas Medical Branch at Galveston (UTMBG), School of Medicine	University of North Texas Health Science Center at Fort Worth (UNTHSC), Texas College of Osteopathic Medicine
Baylor College of Medicine (BCM) (Houston)	Texas Tech University Health Sciences Center (TTUHSC), Medical School (Lubbock, Amarillo, and Permian Basin)
The University of Texas Southwestern Medical Center at Dallas (UTSMCD), School of Medicine	Texas A&M University System Health Science Center (TAMUSHSC), College of Medicine (College Station/Temple)
The University of Texas Health Science Center at San Antonio (UTHSCSA), Medical School	Texas Tech University Health Sciences Center El Paso Paul L. Foster School of Medicine (TTUHSCFSM)
The University of Texas Health Science Center at Houston (UTHSCH), School of Medicine	

With nine medical schools, Texas has more medical schools than the other most populous states, with the exception of New York and California, and ties with Florida and Pennsylvania (Figure 2). Following several decades with few or no new medical schools established in the U.S., seven new medical schools in the 10 most populous states are in the process of becoming accredited.

Figure 2. Medical Schools in the 10 Most Populous States



*Schools with Liaison Committee on Medical Education "Preliminary Accreditation" or "Provisional Accreditation."

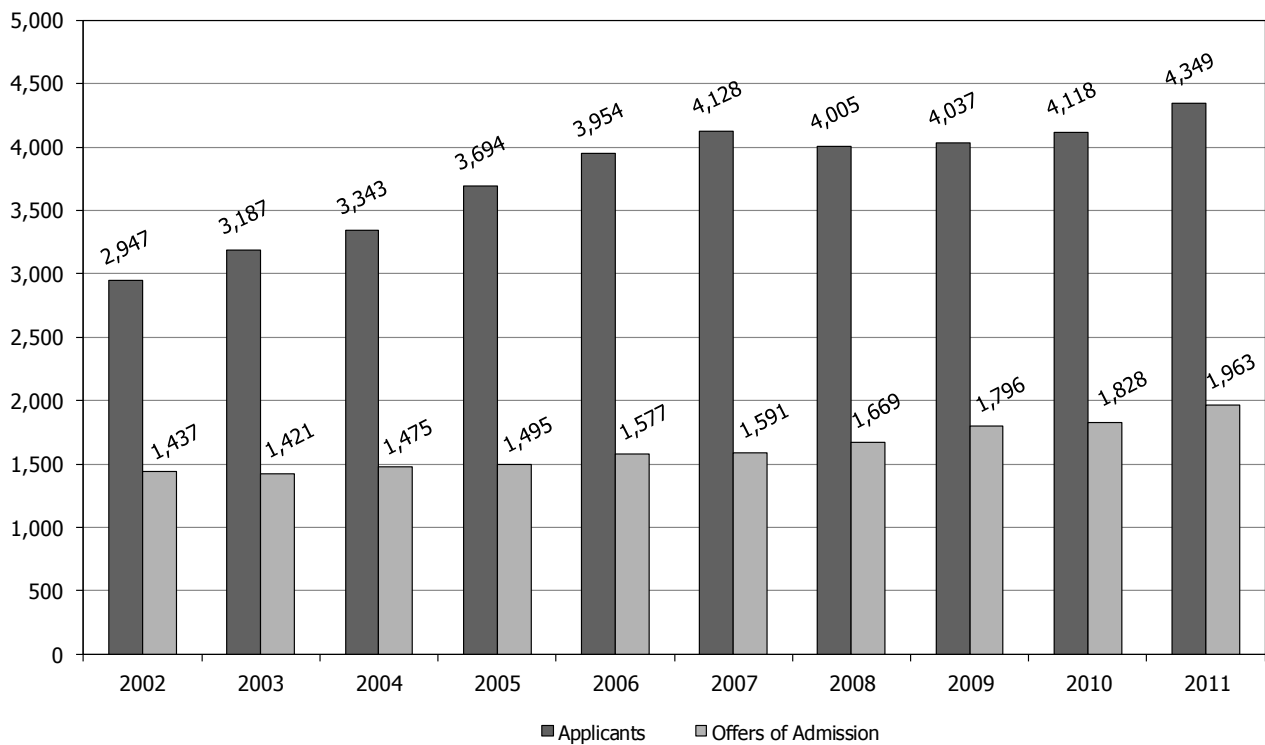
Sources: Liaison Committee on Medical Education (MD-granting) and American Association of Colleges of Osteopathic Medicine (DO-granting).

Medical Student Demographics

Applicants/Admissions

Since 2002, the number of unduplicated applicants to public medical schools in Texas increased at a greater rate than offers of admission (Figure 3). From 2002 to 2011, the number of applicants increased 48 percent, while the number of admission offers increased 37 percent. Applicants typically apply to more than one medical school. Texas offers applicants an opportunity to submit one application that may be submitted to all Texas public medical schools.

Figure 3: Unduplicated Applicants* and Offers of Admission to Texas Public Medical Schools



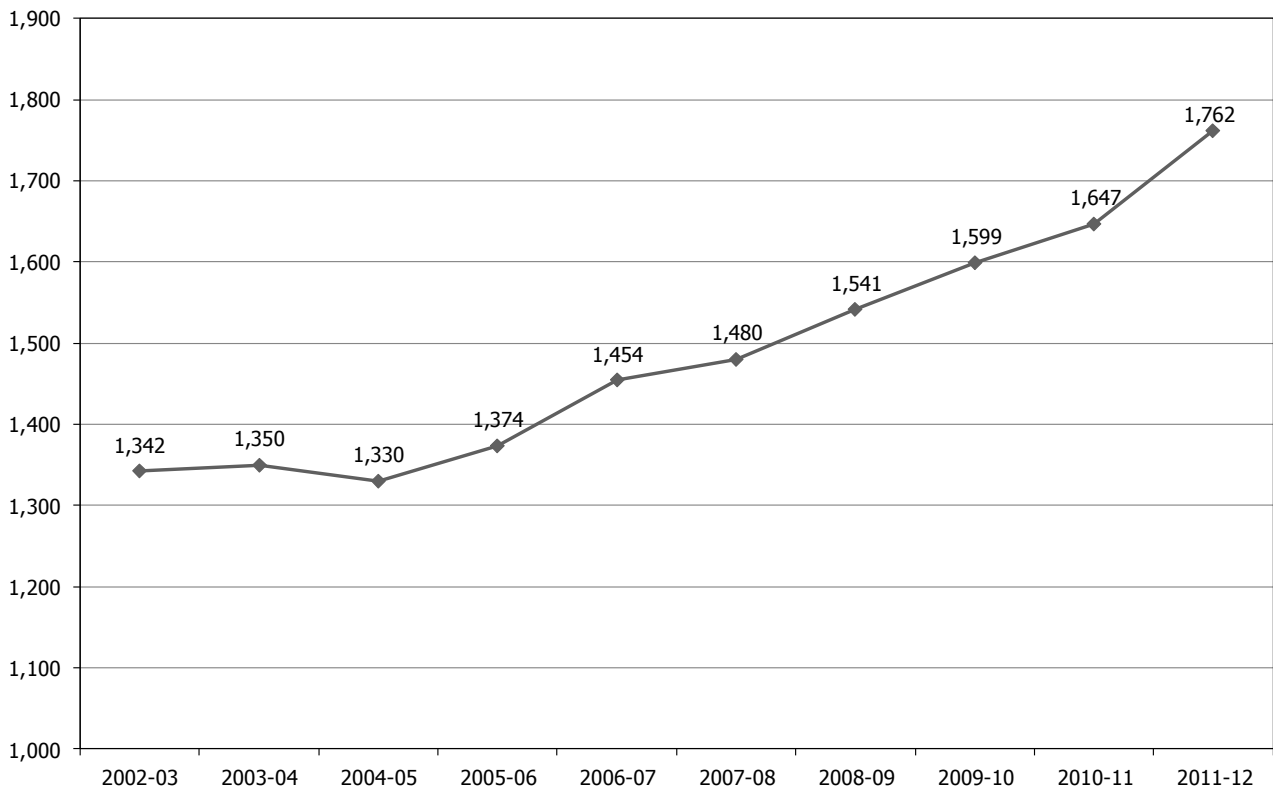
Source: Texas Medical and Dental Schools Application Service.

*The number of unduplicated applicants is presented. Applicants typically apply to more than one medical school. Applicants to Baylor College of Medicine are not included.

First-Year Entering Enrollment

Since 2002, the number of students entering Texas medical schools increased 31 percent (Figure 4). From fall 2009 to fall 2011, an additional 163 first-year medical students entered Texas medical schools. The steady increase of entering medical students is reflected in total increased enrollments in all the medical schools and the opening of the Texas Tech University Health Sciences Center El Paso, Paul L. Foster School of Medicine, which matriculated its inaugural class in 2009. The number of first-year entering medical students is likely to remain at approximately 1,770 for the next several years.

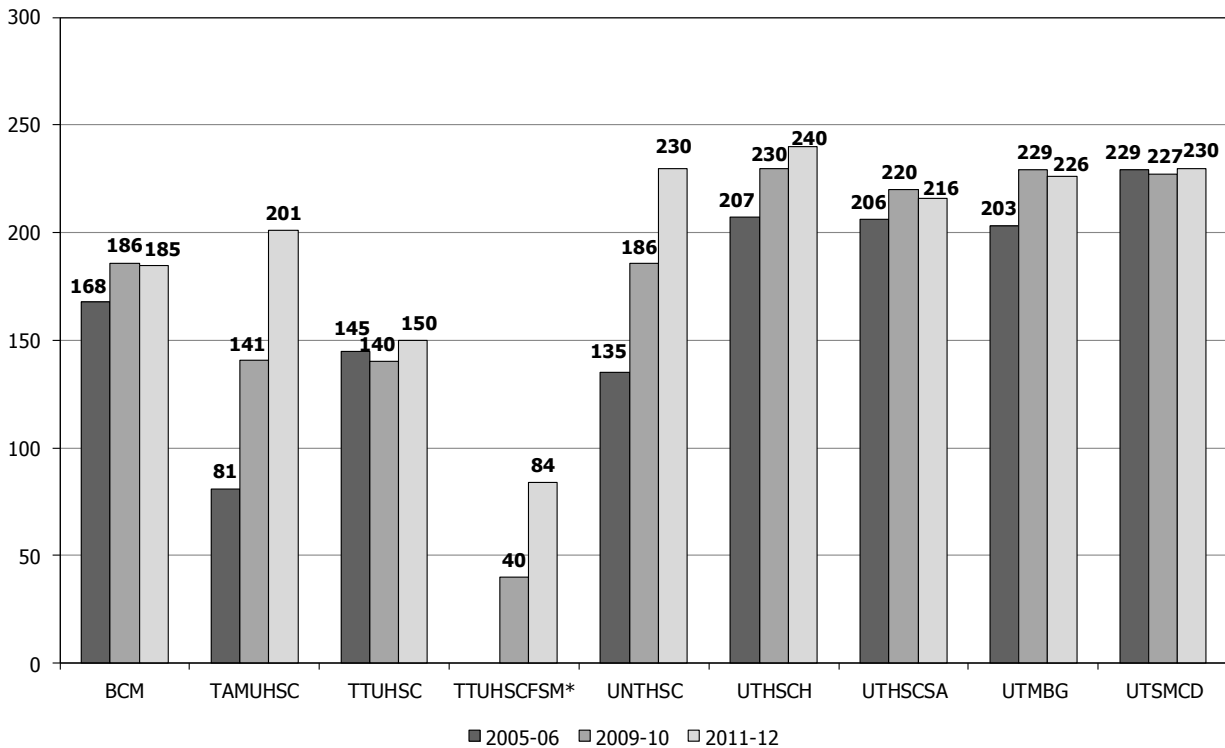
Figure 4: First-Year Entering Medical Students



Source: Coordinating Board.

Medical schools do not have a set number of admissions, and the entering class size varies from year to year. Some variation in class size occurs because applicants may receive offers of admission from several medical schools. In some cases, more applicants than anticipated may decide to matriculate, which may result in an increase in class size. From 2005 to 2011, each of the medical schools reported variations in their first-year enrollments (Figure 5). During this period, TAMUHSC, UNTHSC, and TTUHSC had sizable increases in their first-year entering enrollments.

Figure 5: First-Year Entering Enrollment in Texas Medical Schools

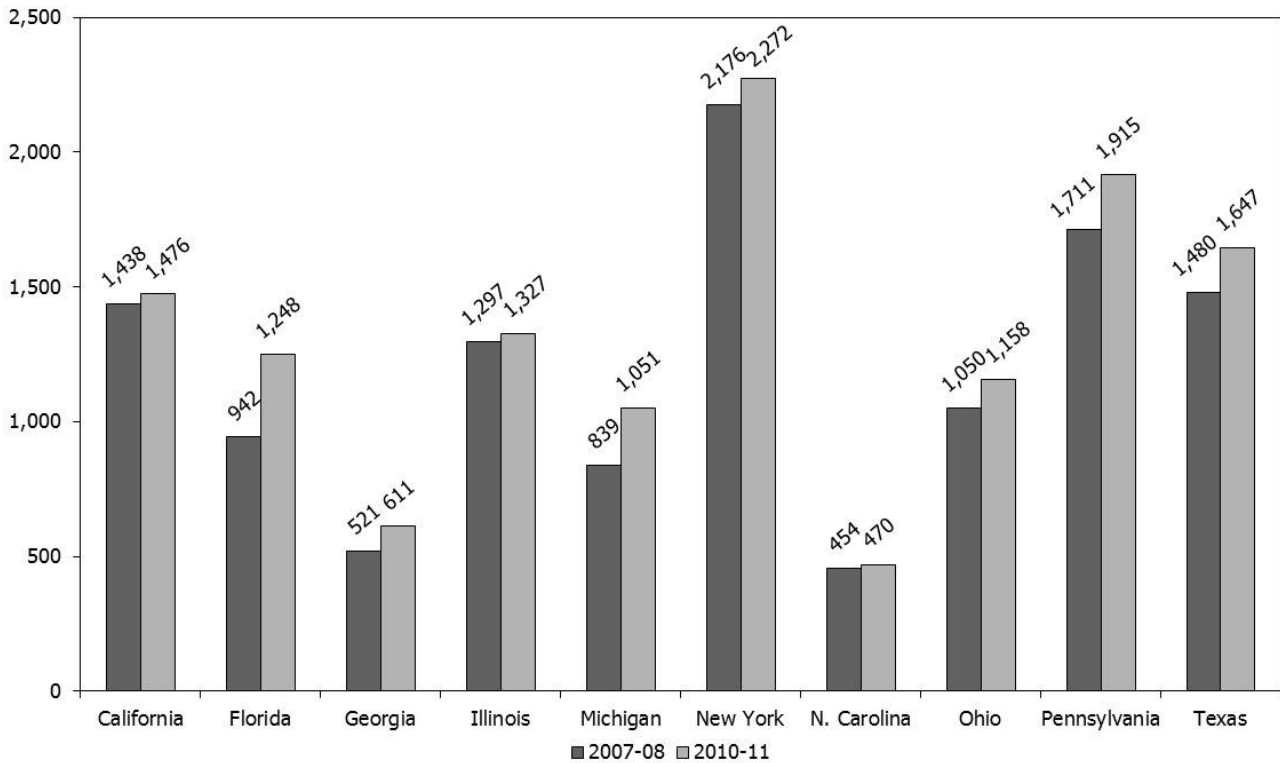


*TTUHSCFSM inaugural class matriculated in 2009.

Source: Coordinating Board.

In fall 2011, Texas had the third largest number of first-year entering medical students among the 10 most populous states, exceeded only by New York and Pennsylvania (Figure 6). Because many medical schools responded to the Association of American Medical Colleges call to increase the number of physicians being educated, the national goal of increasing medical school enrollments by 30 percent is on track and will likely be achieved by 2017. Some of the enrollment increases were the result of new medical schools opening. Florida, Michigan, New York, Pennsylvania, and Texas each had at least one medical school open, with inaugural classes beginning in 2008 or later.

Figure 6: Comparison of First-Year Entering Medical Students in the 10 Most Populous States



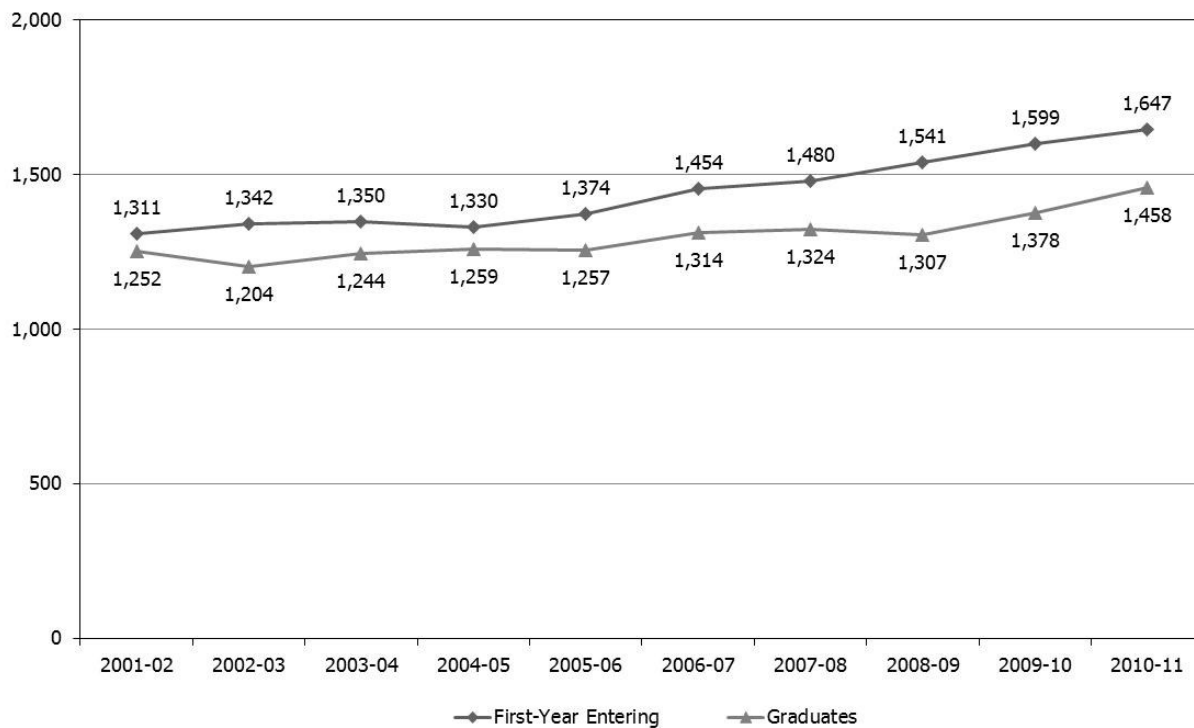
Sources: American Association of Colleges of Osteopathic Medicine (DO -granting); Association of American Medical Colleges (MD-granting); Texas schools, Coordinating Board.

Graduates

Since 2001, the number of Texas medical school graduates increased by 16 percent, faster than the national average of 12 percent. The number of the medical school graduates will continue to increase in the next few years, reflecting the expansion of the first-year entering enrollments (Figure 7). Unlike other sectors of higher education, medical schools have high rates of graduation. Once in medical school, the overwhelming majority of students graduate on time. Of the Texas medical schools 2006-2007 first-year entering class, 95 percent graduated in 2009-2010.

Texas provides funding to the state's nine medical schools through several funding allocations that support infrastructure, research and the mission of the institution. The medical schools receive state funding to support the instruction and operations relative to medical education through a funding allocation formula of approximately \$42,000 annually or a total of \$168,000 per medical student. This amount does not cover the total state cost of the education of a physician.

Figure 7: First-Year Entering Enrollment and Medical School Graduates



Source: Coordinating Board.

Graduate Medical Education

Matching Process

In order to begin practicing medicine, Texas like most states, requires physicians to complete at least one year of GME training before they may be fully licensed by the Texas Medical Board. Few physicians stop after only one year of a GME program, with nearly all completing the required years of training. GME programs, require physicians to continue their education through active training of three to eight years after medical school. During residency training, the physician residents care for patients under the supervision of physician faculty and participate in educational and research activities. When physicians complete their graduate medical education program in an accredited program, they may be eligible to take their specialty board certification examinations and begin practicing independently. Residency programs are sponsored by teaching hospitals, academic medical centers, health care systems, and other institutions. Unlike the bachelor's or medical school experience, resident physicians are contractually obligated to the residency program. Resident physicians enter into a contractual arrangement with residency programs through a unique national matching process.

Medical school graduates generally begin residency training in July following graduation from medical school in May. These recent medical graduates are placed into residency programs through a national matching process that occurs in March, prior to May graduation. Senior medical students and graduates of international medical schools select their residency training through participation in the National Resident Matching Program (NRMP), which established a uniform date of appointment and commitment to residency programs.

Graduating medical students from accredited U.S. medical schools and qualifying international medical graduates submit their list of preferences for particular programs that may include several medical specialty areas and different geographic locations of their future residency training. Additionally, each residency program submits a rank-ordered list of preferred future residents. The two lists are then matched, and residents and programs are notified of their contractual commitments.

Typically, the residency programs and medical specialties that fill all available positions through the Match are viewed as more competitive. However, residency programs that do not fill all their positions may enter into a process to fill available vacancies. The total number of residency applicants exceeds the number of positions available nationally. However, some residency programs have positions that remain unfilled.

In the 2010 Match, 4,176 U.S. residency programs offered 22,809 first-year and 2,711 second-year residency positions, for a total of 25,520 positions. A total of 37,556 applicants participated in the Match. Of those, 16,427 (44%) were 2010 graduates of accredited U.S. MD granting medical schools and 21,129 (56%) were independent applicants, including U.S. graduates of osteopathic medical schools, and U.S. and non-U.S. citizens who graduated from international

medical schools. In 2011, there were fewer applicants at 30,589 and 23,421 available first-year and 2,737 second-year residency positions.

The match rate varies by type of applicant. In 2011, the recent graduates of U.S. MD granting schools matched at a rate of 94.1 percent; U.S. international medical graduates matched at 50 percent; Non-U.S. international medical graduates matched at 40.9 percent; and Others (Canadian medical school students/graduates, osteopathic medical school students/graduates, Fifth Pathway applicants, and U.S. physicians who were prior-year graduates of U.S. MD granting medical schools) matched at 60.9 percent. The overall match rate for all applicants combined was 73.2 percent.

Entering a Texas Residency Program

The opportunity for a Texas medical school graduate to enter a Texas residency program is limited to the number of available first-year positions. First-year entry residency positions are available in some, but not all medical specialties. The following medical specialty areas provide first-year residency positions: family medicine, internal medicine, pediatrics, obstetrics/gynecology, surgery, anesthesiology, emergency medicine, psychiatry, transitional year (internship), neurology, neurological surgery, pathology, plastic surgery, orthopaedic surgery, otolaryngology, and some combined programs such as internal medicine/pediatrics. Other residency programs require residents to complete at least one year of training in another specialty, most commonly internal medicine, before they may enter the specialty program. Residency programs that require completion of a year or more of training tend to be highly specialized and include programs such as dermatology, oncology, ophthalmology, allergy and immunology, and physical medicine and rehabilitation. See Appendix B for a full listing of all the residency programs in Texas.

The education and training of resident physicians is a multi-year process. Most residency programs range from three to eight years. However, additional opportunities for continued training exist. When a physician completes a residency program, for example in family medicine, he or she may choose to continue training in a specialized area of medicine, in this case, a year-long fellowship in either sports medicine or geriatrics.

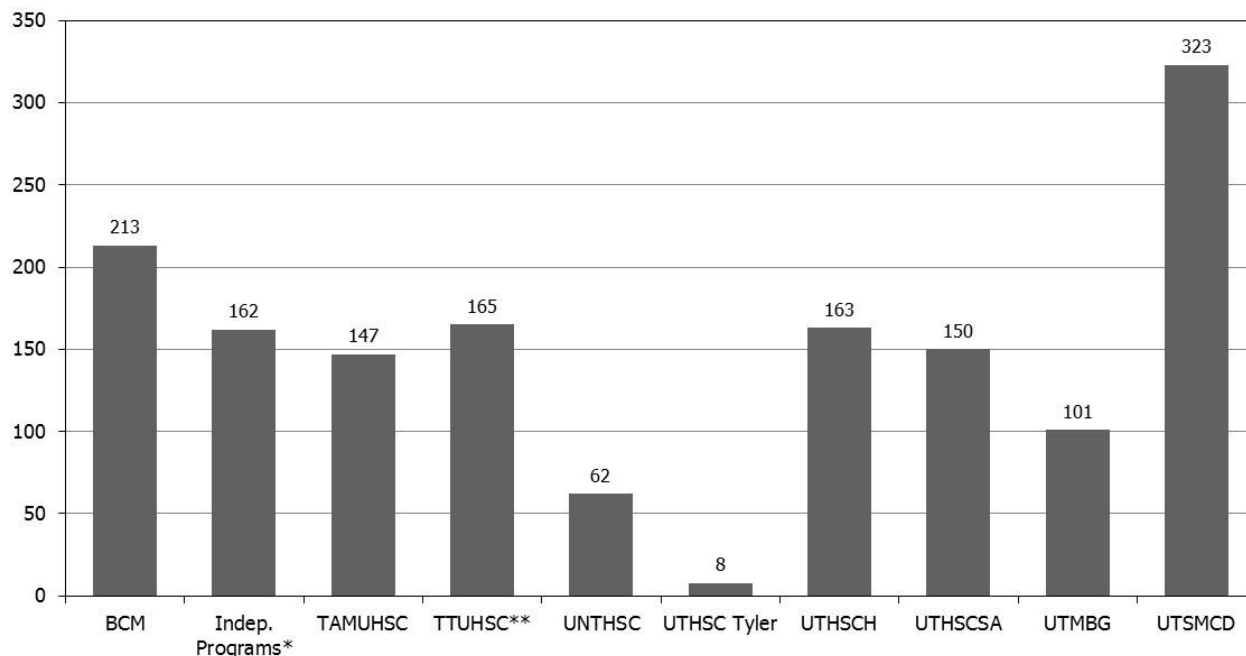
In 2011, Texas had 554 residency programs (Table 1); however, only 30 percent (165) of these programs offered first-year residency positions.

Table 1: Texas Total Number of Residency Programs and Programs with Entering First-Year Residents

	Total Residency Programs	Programs w/Entering First-Year Residents	Percent
<i>Public Medical Schools</i>	370	123	33%
<i>Public Health-Related - without medical school (UTMD Anderson and UTHSC-Tyler)</i>	28	2	7%
<i>Private Medical Schools</i>	86	17	20%
<i>Independent Residency Programs</i>	70	23	33%
Total	554	165	30%

In 2011, the number of first-year filled Texas residency positions was 1,494 (Figure 8). The number of first-year filled residency positions varies from year to year, and depends largely on the programs having adequate resources to educate, train, supervise, and pay for the residents. Resident physicians receive a salary that begins at approximately \$35,000 annually. Adding a new residency position requires that adequate resources are available to support the resident for the many years of training. This includes having adequate faculty to supervise the residents, which varies by type of program. During their training, residents provide patient care services, including diagnosis and conducting medical procedures; however, they do not bill for their services. Resident physicians provide low-cost care to needy populations and tend to remain in the state in which they complete their residency training.

Figure 8: First-Year Filled Residency Positions in Texas (2011)



Sources: Coordinating Board and ACGME.

*Independent Programs are not affiliated with a health-related institution.

**TTUHSC El Paso, FSM reports all of their residents under TTUHSC.

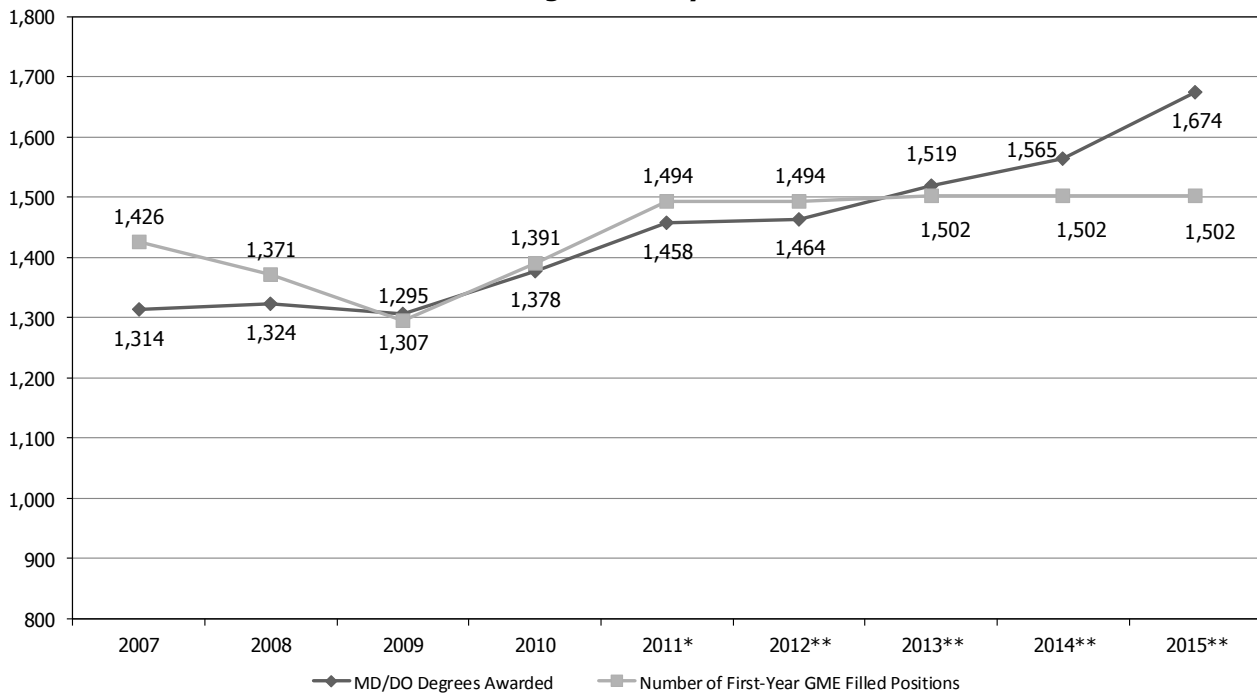
Note: The University of Texas MD Anderson Cancer Center (UTMDACC) does not offer first-year entry positions. Due to its highly complex and specific work, it educates and trains physician residents who have completed at least one year of training in another (typically internal medicine) residency prior to entry into its program.

As of January 2012, Texas has 56 new residency programs that have initial accreditation status with the Accreditation Council on Graduate Medical Education (ACGME). However, only seven of these programs (12%) accept or will accept first-year entering residents. The seven new programs include two in Emergency Medicine, one at Baylor College of Medicine in Houston and one at John Peter Smith Hospital in Fort Worth; Otolaryngology and Integrated Plastic Surgery at TAMUHSC/Scott and White Hospital; Internal Medicine at UTHSC-Tyler; Anesthesiology at TTUHSC Paul Foster, and Integrated Vascular Surgery at Methodist Hospital in Houston. Continued growth in the training of subspecialists will likely continue, as these programs are less costly to develop and maintain and generate greater funding for the sponsoring entity as the residents are performing more health care procedures and providing more health care services. Adding to the continued growth of the subspecialties is the demand by residents. Residency programs with positions that remain unfilled or are filled only with international medical graduates are most commonly in the areas of family medicine or internal medicine. Other specialties in high demand residencies continue to attract many residents. Growth in the residency programs in the specialty areas may also be related to the demands of the local patient populations.

Shortages exist in the subspecialties. There is agreement nationally, that several subspecialty residency programs are confronting supply challenges, including pediatric subspecialties, palliative care, geriatrics, and endocrinology.

From 2007 through 2011, the number of Texas first-year, filled residency positions exceeded the number of Texas medical school graduates, with the exception of 2009 (Figure 9). However, given the increases in the number of first-year medical school enrollments, it is going to become increasingly difficult to ensure availability of first-year entering residency positions for Texas medical school graduates.

Figure 9: Texas Medical School Graduates and First-Year Entering Residency Positions



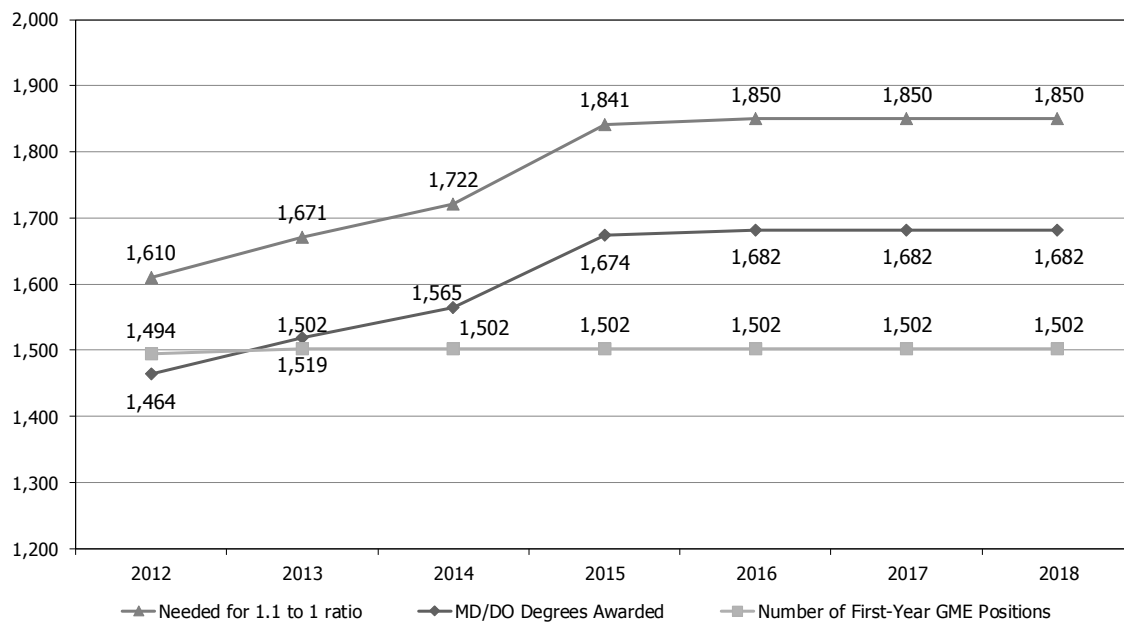
Sources: MD/DO Degrees Awarded: Coordinating Board, CBM009. First-Year GME Filled Positions 2007-2010: Coordinating Board, CBM00R and Graduate Medical Education Residency Program rosters for the independent programs funded through the program. First-Year GME Filled Positions 2011: Coordinating Board CBM00R and ACGME for all independent residency programs.
 *2011: Number of First-Year GME Filled Positions includes all first-year residents from all residency programs in the state.
 **Projections.

Without increases in the number of first-year residency positions, beginning in 2014, at least 63 graduates of Texas medical schools will not have an opportunity to enter a Texas residency program. That number will quickly increase to 180 medical graduates beginning as early as 2016 (Figure 10). For the foreseeable future, at least 180 Texas medical school graduates will not have an opportunity to enter a Texas residency program upon graduation from medical school. As mentioned previously, the state invests \$168,000 per medical graduate during their medical school education. When these 180 graduates leave the state for their residency training, the state's investment of \$30.2 million, just to support medical education through the instruction and operations formula allocation, will leave the state.

Texas must increase the number of its first-year residency positions to accommodate these additional 180 graduates or recognize it will educate medical school graduates who have to leave the state to begin their residency training. While some of these graduates will enter residency training in other states and eventually return to Texas, others will not.

The cost of educating and training a resident physician is high, with conservative estimates of \$150,000 annually. Texas provides minimal funding support for residency training through a formula allocation of \$4,400 per resident and provides additional support for family medicine residents of \$3,800 per resident.

Figure 10: Projections Needed to Achieve 1.1 to 1 Ratio



Source: Coordinating Board.
 Note: Projections of medical school graduates are based on a 95 percent graduation rate. GME projections include two programs that have not yet admitted residents.

If the goal of having 10 percent more first-year entering residency positions were to be achieved, the state would have to begin to provide support for the increases beginning with the 2014-2015 biennium. Increases would be required for the next several years to accommodate the increases in the number of medical school graduates (Table 2). Achieving the goal of 1.1 first-year entering residency positions for each medical school graduate would allow every Texas medical graduate an opportunity to remain in the state for residency training and would allow graduates from other states an opportunity to enter a Texas residency program.

Table 2. Number of Positions Needed by Year to Achieve 1.1:1.

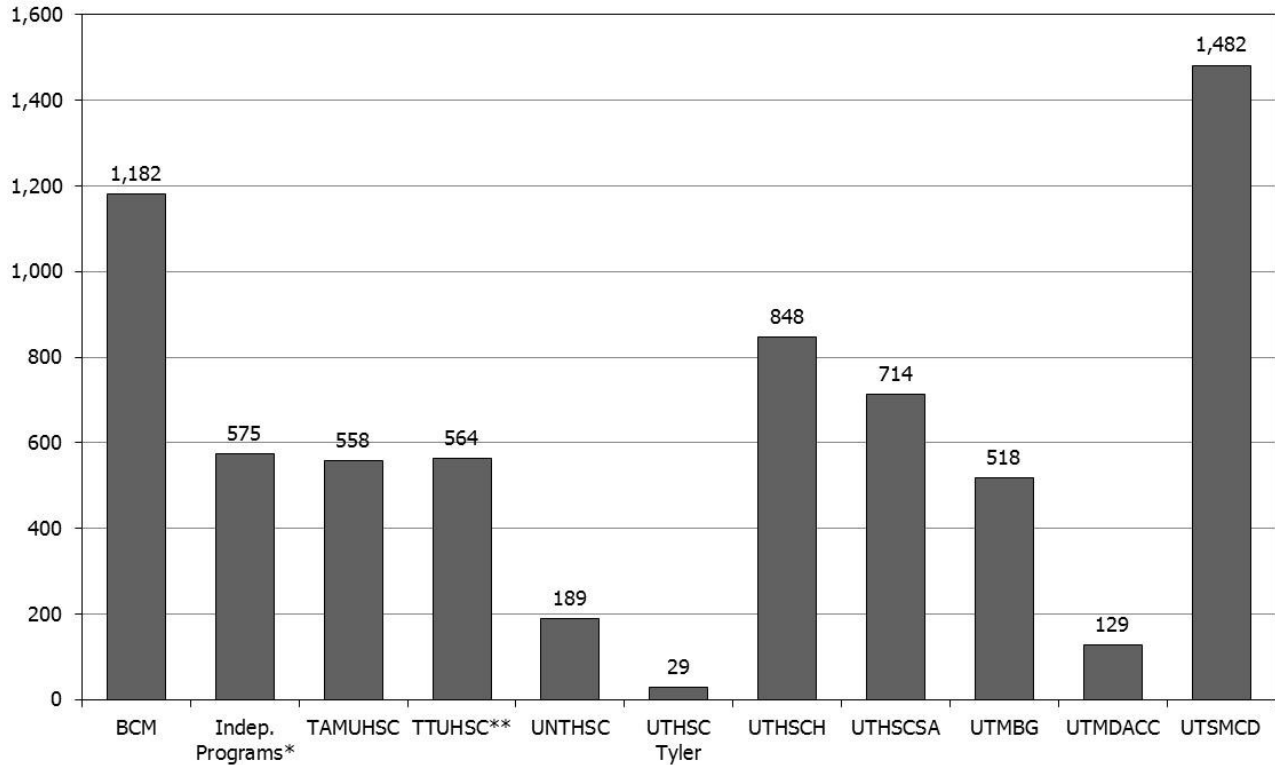
	2014	2015	2016	2017	2018	2019
1st year entering	220	339	348	348	348	348
2nd year continuing		220	339	348	348	348
3rd year continuing			220	339	348	348
4th year continuing				220	339	348
Total positions needed:	220	559	907	1255	1383	1392
new funding amount:	\$15,000	\$15,000	\$15,000	\$15,000	\$15,000	\$15,000
Total new cost to the state:	\$3,300,000	\$8,385,000	\$13,605,000	\$18,825,000	\$20,745,000	\$20,880,000

Biennial Amount Required	\$11,685,000	\$32,430,000	\$41,625,000
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If the state were to fund 10 percent of the \$150,000 estimated cost of these new positions, it would require new annual funding of an additional \$11.7 million beginning with the 2014-2015 biennium to support 220 new residents in 2014 and additional 339 residents in 2015, while maintaining support for the continuing residents. If funding were continued to maintain these new positions and provided to support additional positions, an additional \$32.4 million would be needed for fiscal years 2016-2017, and \$41.63 million would be needed for FY 2018-2019.

In 2011, there were 6,788 Texas physician residents identified as training in Texas 554 residency programs (Figure 11). Of that, only 22 percent (1,494) were first-year residents. Residency programs require three to eight years of training; thus, each year can only be a maximum of roughly one-third of the total residency positions.

Figure 11: Total Filled Residency Postions in Texas (2011)



Sources: Coordinating Board and ACGME.

*Independent Programs are not affiliated with a health-related institution.

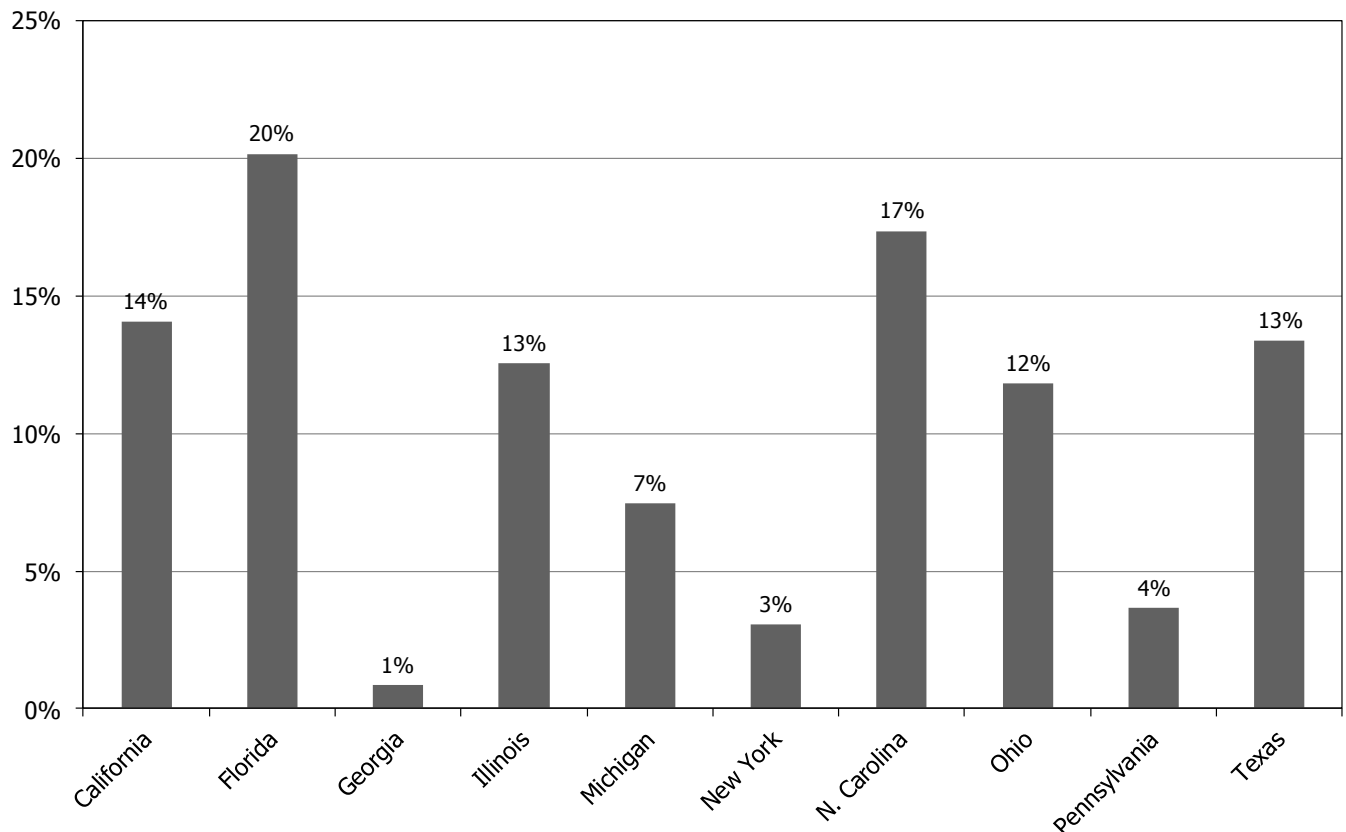
**TTUHSCFSM reports all of their residents under TTUHSC.

Medicare DGME Caps

The largest explicit source of funding for residency programs is provided through federal funding from the Centers for Medicare and Medicaid Services (CMS), but it pays for less than one-third of total costs. Direct support for residency training is provided through a federal payment, called the Direct Graduate Medical Education (DGME). Nationally, DGME payments totaled \$3 billion; however, the total direct DGME costs reported on Medicare cost reports were \$13 billion. The purpose of DGME is to provide funding to teaching hospitals for Medicare's portion of the costs directly related to the training of residents. Part of the formula is based on the number of full-time equivalent residents in training, from cost reports dating back to 1996.

In 2010, Texas exceeded its Medicare cap by 13 percent, similar to California, Illinois, and Ohio. Florida and North Carolina were well over their federal Medicare caps at 20 and 17 percent respectively (Figure 12). Residency programs that exceed their federal Medicare caps must find the funds to entirely support these positions from other revenue sources.

**Figure 12: Ten Most Populous States
Percent Over DGME Cap (Fiscal Year 2010)**

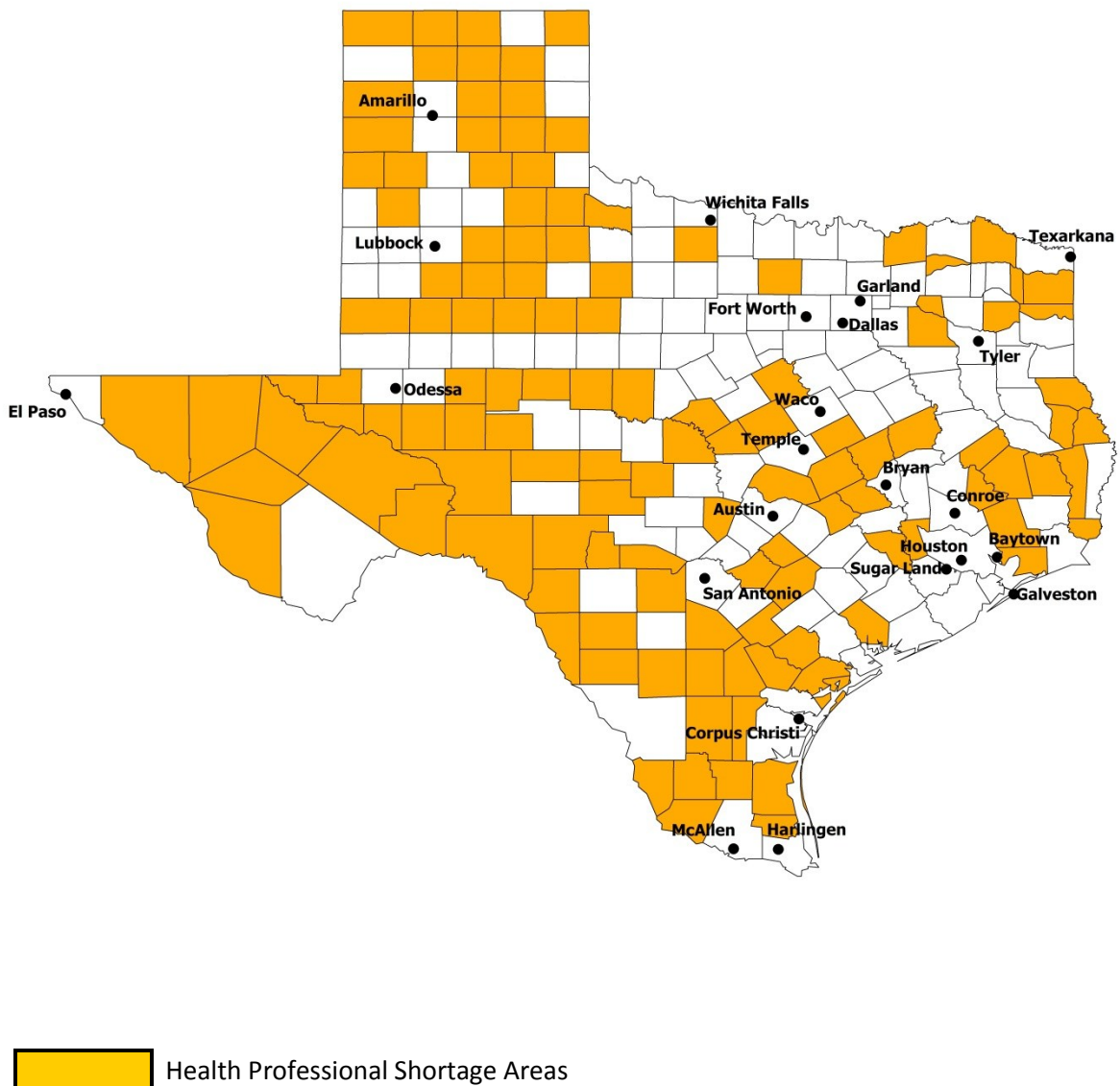


Source: Association of American Medical Colleges.

Location of Residency Programs

The geographic distribution of physicians has long been a concern to public policymakers, as the physician population does not distribute itself as does the state's general population. One reason for this is that the education and training of the state's physicians, including medical schools and the majority of residency programs, especially the highly specialized programs are located in large urban areas. The only residency programs that are located in all regions and geographic areas of the state are primary care residency programs (Figure 13). Because residency training is the last formal stage of education and training of physicians, it has a greater association with practice location. In 2011, there were 28 Texas counties without a physician, ten are located in the High Plains region and eight are located in the West Texas region (Figure 13).

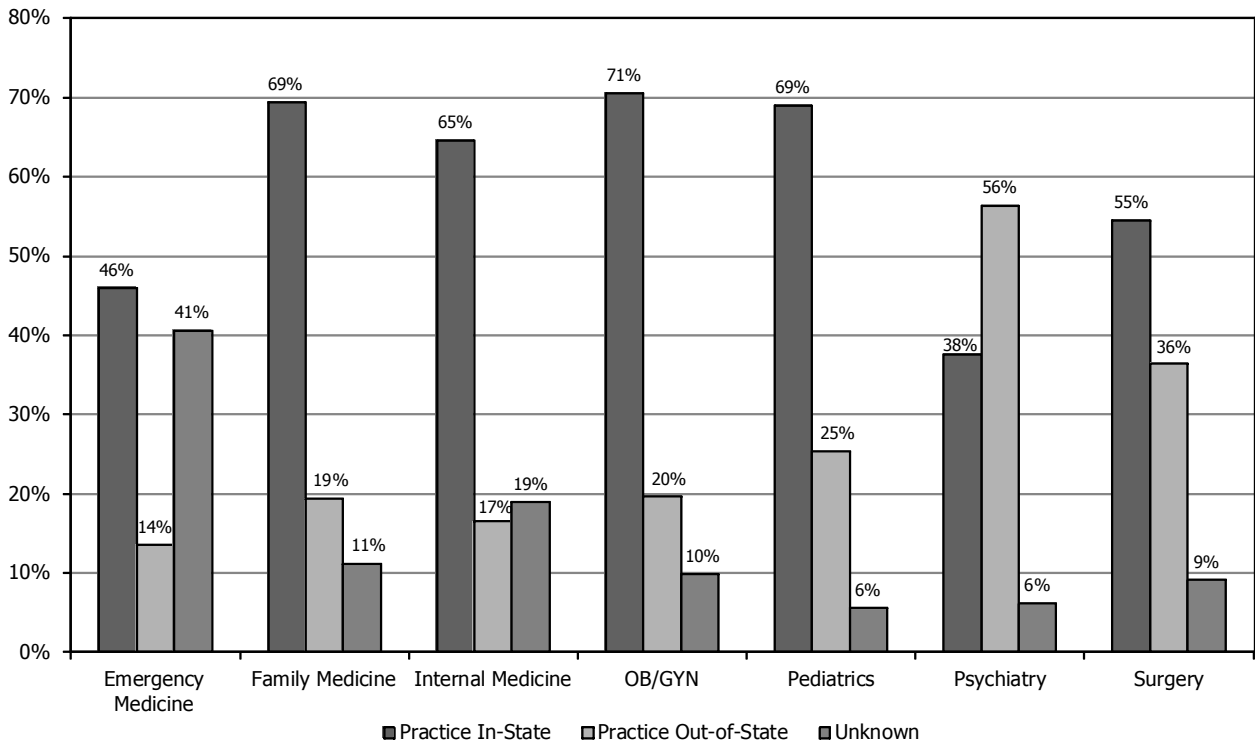
Figure 13: Location of Texas Residency Programs and Whole County HPSAs



Preference to Remain in Texas

In an annual survey conducted by the American Medical Association, the majority of Texas resident physicians reported plans to remain in state to practice after completing their residency programs (Figure 14). Many factors, including the age of physicians at the time of residency completion, familiarity with the local community, and an understanding of available practice opportunities, influence practice decisions.

Figure 14: Plans of Residents Completing a Residency or Fellowship Program in 2009-2010



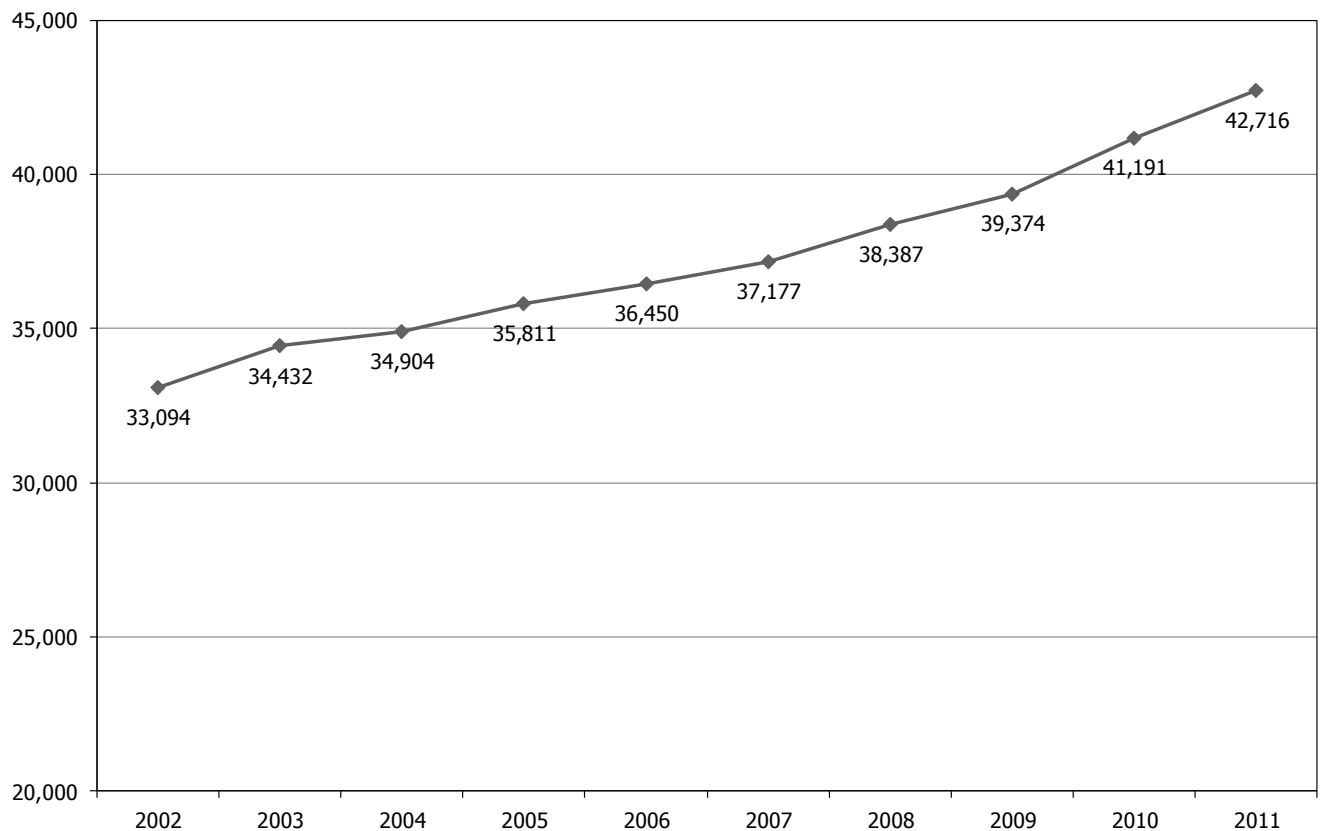
Source: American Medical Association.

*Percents are of those entering practice. Practice state was unreported for 106 residents. Some percentages may not equal to 100 percent due to rounding.

Workforce – Physicians in Practice

Texas is a net importer of physicians, and the number of physicians in Texas continues to increase (Figure 15). From 2002 to 2011, the number of physicians actively practicing in Texas increased 29 percent. Texas is an attractive location for physicians for several reasons, including relatively low cost of living, positive practice conditions, and temperate climate. Texas physicians who complete both medical school and residency training in Texas, remain to practice, regardless if they are primary or specialty physicians. The 2011 State Physician Workforce Data Book showed that of the actively practicing Texas physicians who graduated from a Texas medical school and completed a Texas residency 80 percent remained in the state (AAMC, 2011 State Physician Workforce Data Book, p.55).

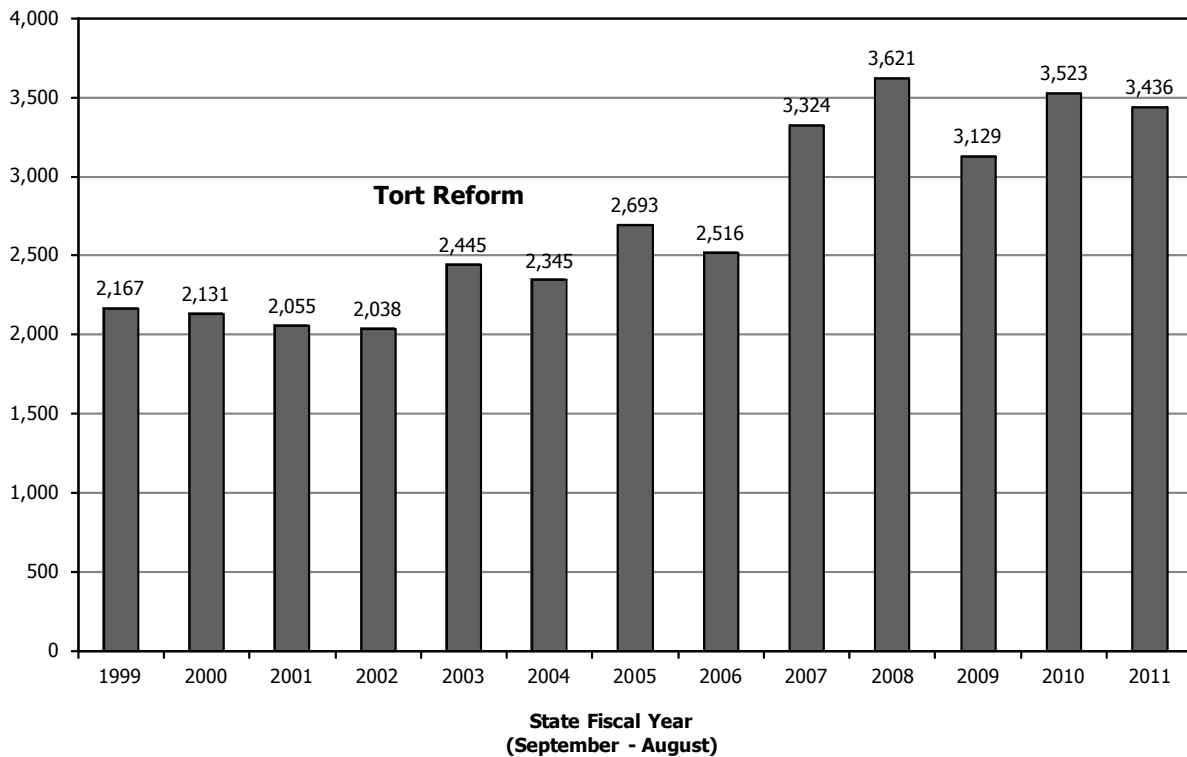
Figure 15: Texas Physician Supply Trend (2002-2011)



Source: Texas Medical Association.

Since the passage of the Tort Reform Act of 2003, which limited the liability of physicians in malpractice suits, the number of physicians applying for a license and entering practice in Texas dramatically increased. As a result of an improved climate of professional liability and the positive effect on the cost of professional liability insurance, Texas averaged an annual increase of more than 3,000 licensed physicians in the eight years since tort reform was passed (Figure 16). In comparison, the number of new physicians licensed held relatively constant at just over 2,000 annually in the years preceding tort reform. This increase averted further physician shortages during the past decade of population growth in Texas; however, it is not known if the state will continue attracting sufficient physicians to keep up with the projected population growth.

Figure 16: Newly Licensed Texas Physicians (2002-2011)



Source: Texas Medical Association

Age

The Texas physician population is aging like that of the Texas population. Forty-five percent of Texas physicians are 51 years of age or older. While the majority of physicians over 51 are between 51 and 60, 20 percent are 61 years of age or older. With the aging of the Texas population in the coming decades, the average age of physicians is likely to increase. While age is commonly used to understand the supply of a profession, physicians tend to retire later than

most other professionals. Many physicians continue to see patients in their late 60s and early 70s.

Gender

Today, men outnumber women as practicing physicians. However, this will change, as women and men now apply to, are admitted, and graduate from medical school equally. The number of female medical school graduates surpassed males for the first time in Texas in 2007; however, since 2008 women and men are graduating at approximately the same rate. The feminization of medicine will likely change the future physician workforce. Research has shown that women physicians enter primary care specialties at higher rates, practice fewer hours, and spend more time with patients. These gender differences in practice patterns may affect the need for more physicians in Texas, and must be factored in projected future workforce needs.

Ethnicity

African Americans and physicians of Hispanic origin are proportionally underrepresented in medicine in comparison to the Texas general population (Table 3). Although more underrepresented physicians are graduating from Texas medical schools, increases have not kept pace with the growth of African Americans and Hispanics in the state’s general population. Research suggests that underrepresented minority physicians provide care for underrepresented populations at greater rates than do physicians of other ethnicities. Additional research shows that patients prefer to have physicians who understand and reflect similar cultural characteristics, including similar ethnicities. Given the ethnic changes occurring in Texas, educating and training more physicians who represent the changing demographics of the state would be beneficial.

Table 3: Texas Physicians by Ethnicity

	Total of Hispanic Origin	Total of Non Hispanic Origin	Unknown	Total	Percent
American Indian or Alaska Native	17	93	0	110	0.18%
Asian	26	7,221	0	7,247	11.64%
Black or African American	31	2,374	0	2,405	3.86%
Native Hawaiian or Other Pacific Islander	10	145	0	155	0.25%
Other	661	1,436	0	2,097	3.37%
Unknown	256	459	47	762	1.22%
White	5,918	43,587	0	49,505	79.49%
TOTAL	6,919	55,315	47	62,281	100%
PERCENT	11.11%	88.82%	0.08%	100%	

Source: Texas Medical Board.

Note: The Texas Medical Board is transitioning from ethnic origin values to federal standards for race and Hispanic origin.

Primary Care Physicians by Region

In order to understand the distribution of physicians in a region, the number of physicians per 100,000 is the standard reference. The number of primary care physicians, which includes family physicians, internists, obstetric/gynecologists, and pediatricians, to the general population varies by region (Figure 17). The ratio is greater in the Metroplex, Central Texas, and Gulf Coast regions. While the South Texas region shows 65 physicians per 100,000 population, if Bexar County is removed from the region, the primary care physician per 100,000 population decreases to 43 per 100,000 population, making it the area of Texas with the lowest primary care physician to population ratio. The growth in the Texas general population has not allowed Texas to significantly increase its total physician-to-100,000 population. Texas continues to have one of the lowest total physician-to-population ratios in the nation.

Figure 17: Primary Care Physicians per 100,000 Population

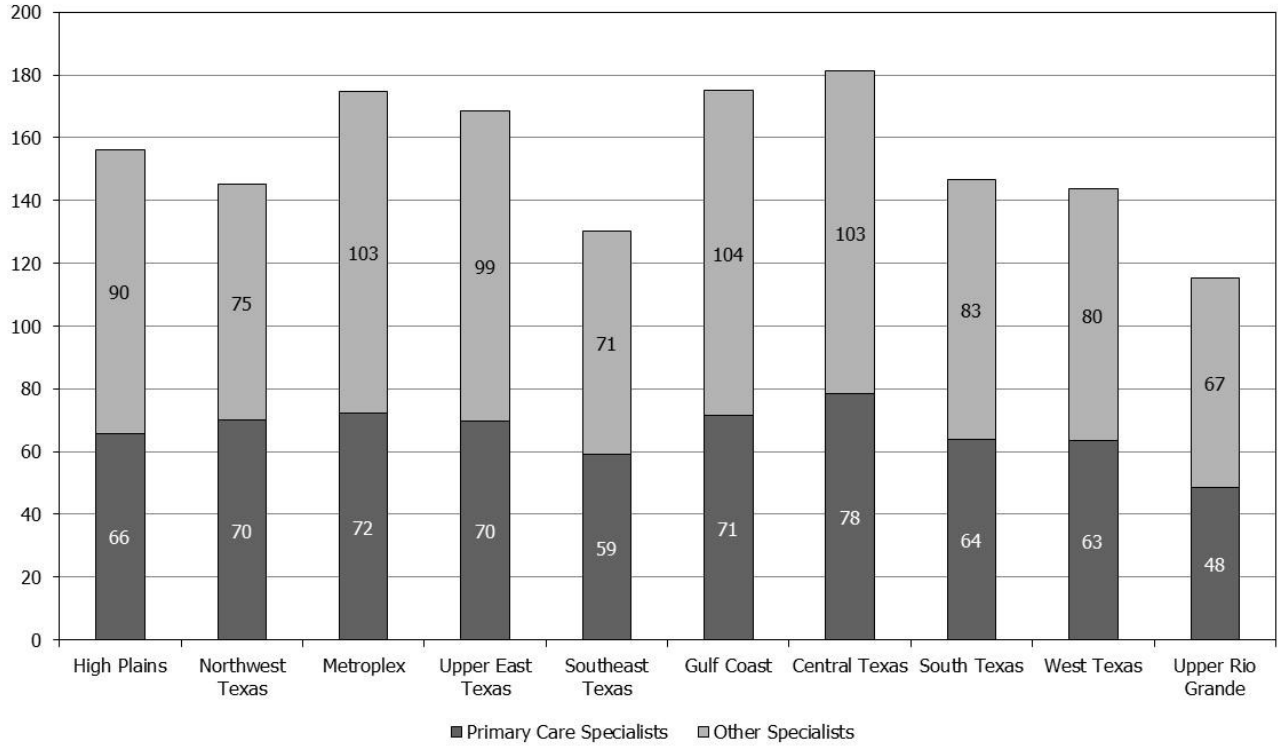


Sources: Physicians, Texas Department of State Health Services; population, Texas State Data Center.

Primary care physicians, especially family physicians, tend to distribute themselves in patterns geographically similar to the general population. All regions of Texas have fewer primary care physicians than other physician specialties. There are several reasons for this, depending on specialty, including higher salaries, psychomotor skills and interest in procedures, more desirable work hours and conditions for non-primary care physician specialties. This trend will likely continue.

The number of medical specialty choices has increased significantly since the beginning of the century. Since 2002, physicians could decide among 110 different areas of medicine, and by 2006 there were 126 medical specialty boards. Rapid specialization continued, and by 2011 the American Board of Medical Specialties reported that physicians could become certified in more than 145 specialties and subspecialties. Most of these new specialties and subspecialties require some or full residency training in internal medicine or pediatrics. If Texas were to reach the current national average of physicians per 100,000 population ratios for the 15 medical specialties that admit first-year residents, significant increases to the number of residents would be required, beginning in 2014. If an additional 1,048 residents could be trained beginning in 2014, it would take the state 10 years to reach the current national average of physicians for just these specialties. If the state were to pick up the 10 percent cost of training these additional resident physicians, over the 10 year period, the state would need an additional \$15.7 million beginning in 2014. By 2017, this amount would increase to support 4,192 residents, bringing up the cost to an estimated \$62.8 million annually.

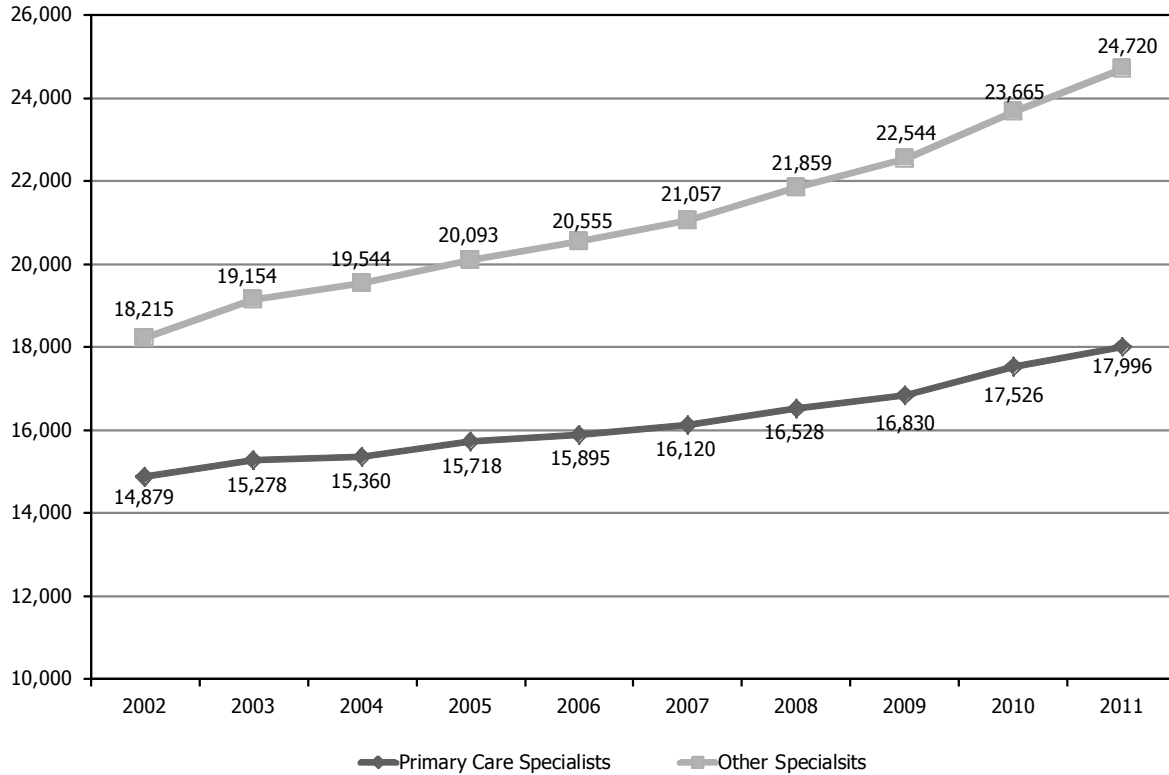
Figure 18: Primary Care and Other Physician Specialties per 100,000 by Texas Region (2011)



Sources: Physicians, Texas Department of State Health Services; population Texas State Data Center.

Since 2002, the number of primary care physicians in Texas increased at a lower rate (21%) than the overall number of direct patient care physicians (36%) (Figure 19). The trend shows that the state has more physician specialists than primary care physicians.

Figure 19: Primary Care* and Other Specialists in Texas



Source: Texas Department of State Health Services.

*Primary care includes family medicine, internal medicine, pediatrics, and obstetrics/gynecology.

Conclusions

Texas increased its medical school enrollments 31 percent from fall 2002 to fall 2011, from 1,342 to 1,762, responding to the national call by the Association of American Medical Colleges to increase medical school enrollments by 30 percent.

Texas currently provides instruction and operation formula funding to support its medical students at \$42,000 annually, or a total of \$168,000 per student.

The fall 2011 classes that have increased medical school enrollments will begin to graduate students in 2015.

In fall 2011, the ratio of first-year entering residency positions to graduates was close to 1 to 1, with 1,494 first-year entering residency positions for the 1,458 medical school graduates.

In 2011, Texas had more than 550 residency programs, offering a total of 6,788 residency positions. Only 22 percent (1,494) of these positions were first-year entering residents. Residency programs require three to eight years of training; thus, each year can only be a maximum of roughly one-third of the total residency positions.

Without increases in the number of first-year residency positions, beginning in 2014, at least 63 graduates of Texas medical schools will not have an opportunity to enter a Texas residency program.

By 2016, at least 180 medical school graduates will have to leave the state for their first year of residency training due to a lack of residency positions. The state's investment in their education of \$168,000 per graduate, or \$30.2 million annually will not benefit the state. The cost of adding additional first-year entering residency positions would reduce the loss of medical school graduates to other states.

While some of the graduates who enter residency training in other states may eventually return to Texas, others will not.

Resident physicians provide low-cost care to needy populations and tend to remain in the state in which they complete their residency training.

Residency programs are lengthy and expensive, with conservative estimates of \$150,000 to educate a resident physician for a year.

Texas provides minimal funding support for residency training affiliated with health-related institutions through a formula allocation of \$4,400 per resident, which equates to just 3 percent of the estimated cost of residency education.

An additional amount of \$3,800 per resident is provided to family medicine residents through a trusted fund administered by the THECB. These funds combined with the formula allocation cover approximately five percent of the estimated cost of these residency programs.

The largest explicit funding support for residency programs is provided through the federal Centers for Medicare and Medicaid Services, which historically has paid its share of total costs. However, federal funding for residency training is capped at 1996 levels for the direct support of graduate medical education. The cap only supports a third of the costs of 4,056 of the 4,598 actual positions in Texas, leaving the residency programs to cover the cost of two-thirds of the 4,056 positions and the full cost of 542 positions. Texas is currently over its Medicare cap by 13 percent.

The residency programs have to support the full cost of the education of the 542 federally unfunded residency positions at an estimated cost of \$81.3 million ($\$150,000 \times 542$). Some of the cost is supported through increased patient care services provided by the residents, while under the direct supervision of faculty.

Texas is a net importer of physicians; however, the growth in the Texas general population has kept the physician to 100,000 population ratio stagnant.

Beginning in 2014, Texas will need 220 more residency positions to achieve the 1.1 to 1 ratio of first-year residency positions to medical school graduates. This is based on a projected 1,565 medical students graduating in 2014.

If Texas were to reach the current national average of physicians per 100,000 population ratios for the 15 medical specialties that admit first-year residents, significant increases to the number of residents would be required, beginning in 2014. If an additional 1,048 residents could be trained beginning in 2014, it would take the state 10 years to reach the current national average of physicians for just these specialties. If the state were to pick up the 10 percent cost of training these additional resident physicians, over the 10 year period, the state would need an additional \$15.7 million beginning in 2014. By 2017, this amount would increase to support 4,192 residents, bringing up the cost to an estimated \$62.8 million annually.

Based on these conclusions, the Coordinating Board offers the following recommendations:

Recommendation: The State should mandate that an additional first-year residency position be added for each new medical student enrolled, beginning in 2014.

Recommendation: In order to achieve a 1.1 to 1 ratio of Texas first-year entering positions to medical school graduates, the Texas Legislature should provide an additional \$11.7 million ($\$15,000 \times 779$) in funding to support 10 percent of the cost for new first-year entering residency training positions beginning in the 2014-2015 biennium, if funding is available.. This would support the addition of 220 first-year entering residency positions that would be needed beginning in 2014, and allow the residents to continue training, and add 339 first-year entering residents in 2015. However, this funding would have to be maintained.

Recommendation: Health-related institutions and hospitals should prioritize establishing more first-year residency positions and maintain the positions through the subsequent years of

residency training that will be needed to accommodate the growing number of medical school graduates.

Recommendation: The Texas Congressional delegation should be encouraged to support Congressional action to reconsider the current Medicare caps, which would allow states with increased populations to receive support for the expansion of residency training.

Appendix A

AN ACT

relating to providing graduate medical education positions for Texas medical school graduates.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

SECTION 1. Section 61.051, Education Code, is amended by adding Subsection (a-4) to read as follows:

(a-4) The board shall include in the five-year master plan developed under Subsection (a-1) an assessment of the adequacy of opportunities for graduates of medical schools in this state to enter graduate medical education in this state. The assessment must:

(1) compare the number of first-year graduate medical education positions available annually with the number of medical school graduates;

(2) include a statistical analysis of recent trends in and projections of the number of medical school graduates and first-year graduate medical education positions in this state;

(3) develop methods and strategies for achieving a ratio for the number of first-year graduate medical education positions to the number of medical school graduates in this state of at least 1.1 to 1;

(4) evaluate current and projected physician workforce needs of this state, by total number and by specialty, in the development of additional first-year graduate medical education positions; and

(5) examine whether this state should ensure that a first-year graduate medical education position is created in this state for each new medical student position established by a medical and dental unit.

SECTION 2. This Act takes effect September 1, 2011.

President of the Senate

Speaker of the House

I certify that H.B. No. 2908 was passed by the House on April 21, 2011, by the following vote: Yeas 148, Nays 0, 1 present, not voting.

Chief Clerk of the House

I certify that H.B. No. 2908 was passed by the Senate on May 19, 2011, by the following vote: Yeas 31, Nays 0.

Secretary of the Senate

APPROVED: _____
Date

Governor

Appendix B

Residency Program Data

The following information is related to the residency program data used throughout this report. The following descriptions provide the sources of the data and how the data were compiled.

Number of Total Filled Positions: The total number of residents reported by the institution to the Coordinating Board on the CBM00R (CBM00R) as of September 1.

Number of Total Unfilled Positions: The number of CBM00R residents reported minus the number of Accreditation Council on Graduate Medical Education (ACGME) approved positions for the residency program, which remain *unfilled*.

Number of Total Over Filled Positions: The number of CBM00R total positions reported minus the number of ACGME approved positions for the residency program, which are *over filled*.

Number of First-Year Entering Filled Positions: The number of filled first-year entering positions for residency programs that accept first-year residents (family medicine, internal medicine, obstetrics-gynecology, pediatrics, etc.).

Number of First-Year Unfilled Positions: The number of first-year entering filled positions reported on the CBM00R, minus the quota of available positions from the National Residency Matching Program (NRMP) or Association of Osteopathic (AOA) match, (from 2011 match), which remain *unfilled*.

Number of First-Year Over Filled Positions: The number of first-year entering filled positions reported on the CBM00R, minus the available positions reported by the National Residency Matching Program (NRMP) or the AOA match, which are *over filled*.

**Summary Counts of Resident Physicians by
Medical Schools and Independent Residency Programs**

	<u>Medical Specialty Residency Programs</u>	<u>Number of Residents</u>	<u>Total 1st Year Entering Filled Positions</u>	<u>1st Year Entering Unfilled Positions</u>	<u>1st Year Entering Over Filled Positions</u>	
<i>Public Medical Schools</i>						
1	TAMUHSC	42	558	147	3	13
2	TTUHSC*	46	564	165	9	36
3	UNTHSC	28	189	62	26	11
4	UTHSC-H	59	848	163	17	0
5	UTHSC-SA	54	714	150	3	6
6	UTMBG	44	518	101	7	11
7	UTSW Dallas	97	1,482	323	11	11
	Subtotal	370	4,873	1,111	76	88
<i>Public Health-Related (without medical school)</i>						
8	UT Health Center at Tyler	4	29	8	0	0
9	UT MD Anderson Cancer Center	24	129	0	0	0
	Subtotal	28	158	8	0	0
<i>Private Medical School</i>						
1	Baylor College of Medicine	86	1,182	213	17	1
<i>Independent Residency Programs</i>						
1	Baylor Garland and University (Dallas)	22	211	40	2	2
2	Bexar County Medical Examiner's Office	1	1	0	0	0
3	Harris County Institute of Forensic Sciences	1	1	0	0	0
4	Methodist Hospital (Houston)	28	181	55	0	0
5	Plano Orthopedic and Sports Medicine Center	1	0	0	0	0
6	Tarrant County Medical Examiner's Office	1	1	0	0	0
7	Texas Back Institute Research Foundation	1	5	0	0	0
8	Texas Department of State Health Services	1	1	0	0	0
9	Valley Baptist Medical Center	1	14	5	0	0
10	Methodist Health System Dallas**	4	53	18	0	3
11	Texas Health Presbyterian Dallas	2	25	12	0	0
12	John Peter Smith Hospital (Tarrant County Hospital District)**	4	35	16	0	0

**Summary Counts of Resident Physicians by
Medical Schools and Independent Residency Programs**

	<u>Medical Specialty Residency Programs</u>	<u>Number of Residents</u>	<u>Total 1st Year Entering Filled Positions</u>	<u>1st Year Entering Unfilled Positions</u>	<u>1st Year Entering Over Filled Positions</u>	
13	San Jacinto Methodist Hospital	1	24	8	0	3
14	Christus Santa Rosa Health Care Corporation	2	23	8	0	1
Subtotal		70	575	162	2	9

Total ACGME and AOA residency programs

554

Total ACGME and AOA filled residency positions

6,788

Total ACGME and AOA 1st Year filled positions

1,494

Total ACGME and AOA 1st Year Entering Unfilled

95

Total ACGME and AOA 1st Year Over Filled

98

Total ACGME and AOA Total Unfilled positions

*TTUHSCFSM reports all of their residents under TTUHSC.

**Not all the residency programs are independent, some are affiliated with a public medical school.

Texas A&M Health Science Center (College Station/Temple)

Number of Number of Number of Number of Number of Number of

Residency Specialty Total Total Total Over 1st Year 1st Year 1st Year
Program Number Filled Unfilled Filled Entering Unfilled Over Filled
Number CBM00R ACGME ACGME Positions Positions Match Positions
CBM00R ACGME CBM00R Match Match

Texas A&M College of Medicine - Scott and White

	<u>Residency</u> <u>Program</u> <u>Number</u>	<u>Specialty</u>	<u>Total</u> <u>Filled</u> <u>Positions</u> <u>CBM00R</u>	<u>Total</u> <u>Unfilled</u> <u>Positions</u> <u>ACGME</u>	<u>Total Over</u> <u>Filled</u> <u>Positions</u> <u>ACGME</u>	<u>1st Year</u> <u>Entering</u> <u>Filled</u> <u>Positions</u> <u>CBM00R</u>	<u>1st Year</u> <u>Unfilled</u> <u>Positions</u> <u>Match</u>	<u>1st Year</u> <u>Over Filled</u> <u>Positions</u> <u>Match</u>
1	[0404821156]	Anesthesiology	32	8	0	8	0	0
2	[0414821050]	Adult cardiothoracic anesthesiology*	1	0	0			
3	[1414821020]	Cardiovascular disease	13	2	0			
4	[4054821175]	Child and adolescent psychiatry	4	0	0			
5	[1544821113]	Clinical cardiac electrophysiology	0	1	0			
6	[3074821086]	Cytopathology	2	0	0			
7	[0804821133]	Dermatology	9	0	0			
8	[1104821102]	Emergency medicine	34	8	0	12	0	
9	[1434812189]	Endocrinology, diabetes, and metabolism	4	0	0			
10	[1204821469]	Family medicine	23	1	0	9	0	1
11	[1444821018]	Gastroenterology	7	2	0			
12	[3114821044]	Hematology	1	0	0			
13	[1464821198]	Infectious disease	3	1	0			
14	[1404821426]	Internal medicine	57	9	0	23	0	1
15	[1524812071]	Interventional cardiology	2	0	0			
16	[1484812180]	Nephrology	3	1	0			
17	[4234831110]	Neuroradiology*	0	2	0			
18	[2204821293]	Obstetrics and gynecology	16	0	0	4	0	0
19	[1474821186]	Oncology	6	0	0			
20	[2404821154]	Ophthalmology	9	0	0			
21	[2604821171]	Orthopaedic surgery	19	1	0	4	0	0
22	[2804812138]	Otolaryngology*	2	3	0	2	0	1
23	[5304804115]	Pain medicine*	0	2	0			
24	[3004812357]	Pathology-anatomic and clinical	12	0	0	2	1	0
25	[3204821236]	Pediatrics	18	6	0	6	0	0
26	[3604821130]	Plastic surgery	5	0	1			
27	[3624821130]	Plastic surgery - integrated*	3	5	0	2	0	0
28	[4004821276]	Psychiatry	18	2	0	3	2	0
29	[1564821128]	Pulmonary disease and critical care medicine	12	0	0			
30	[4304831144]	Radiation oncology*	1	7	0			
31	[4204811198]	Radiology-diagnostic	33	0	5			
32	[4404821339]	Surgery	30	5	0	10	0	2
33	[4804821148]	Urology	6	2	0			
34	[4274821113]	Vascular and interventional radiology*	1	0	0			

<u>Residency Program Number</u>	<u>Specialty</u>	<u>Total Filled Positions CBM00R</u>	<u>Total Unfilled Positions ACGME</u>	<u>Total Over Filled Positions ACGME</u>	<u>1st Year Entering Filled Positions CBM00R</u>	<u>1st Year Unfilled Positions Match</u>	<u>1st Year Over Filled Positions Match</u>
35	[4504831115] Vascular surgery	2	0	0			
<i>Christus Spohn Memorial Hospital Program</i>							
36	[1104813188] Emergency medicine	24	0	0	8	0	0
37	[1204822303] Family medicine	36	0	0	12	0	0
38	[1254813060] Geriatric medicine	0	1	0			
<i>Driscoll Children's Hospital</i>							
39	[3204811229] [178442] Pediatrics**	45	0	3	17	0	6
<i>Memorial Hermann Hospital System</i>							
40	[1204821307] Family medicine	41	1	0	16	0	2
<i>Texas A&M Health Science Center Bryan/College Station Program</i>							
41	[1204831605] Family medicine	24	3	0	9	0	0
<i>Texas A&M Health Science Center, College of Medicine (Round Rock) Program</i>							
42	[3804888135] Preventive medicine*	0	4	0			
Total		558	77	9	147	3	13

*Initial Accreditation ACGME.

**Dually accredited by the ACGME and AOA.

Texas Tech University Health Science Center

Number of Number of Number of Number of Number of Number of
Total Total Total Over 1st Year 1st Year 1st Year
Filled Unfilled Filled Entering Unfilled Over Filled
Positions Positions Positions Filled Positions Positions
CBM00R ACGME ACGME Positions Match Match
CBM00R

Texas Tech University (Amarillo)

<u>Residency Program Number</u>	<u>Specialty</u>	<u>Total Filled Positions CBM00R</u>	<u>Total Unfilled Positions ACGME</u>	<u>Total Over Filled Positions ACGME</u>	<u>1st Year Entering Filled Positions CBM00R</u>	<u>1st Year Unfilled Positions Match</u>	<u>1st Year Over Filled Positions Match</u>
1 [1204821511]	Family medicine	20	1	0	7	0	2
2 [1254833050]	Geriatric medicine	0	2	0			
3 [1404821477]	Internal medicine	37	0	0	12	0	6
4 [2204821320]	Obstetrics and gynecology	13	0	1	2	1	0
5 [3204821370]	Pediatrics	16	2	0	6	0	2

Texas Tech University (Lubbock) Program

6 [0404811153]	Anesthesiology	16	0	0	4	0	0
7 [1414821121]	Cardiovascular disease	6	0	0			
8 [0804821105]	Dermatology	9	0	0			
9 [1204821310]	Family medicine**	28	2	0	12	0	2
10 [1254813075]	Geriatric medicine	1	1	0			
11 [5404812085]	Hospice and palliative medicine*	0	2	0			
12 [1404821459]	Internal medicine	38	0	0	13	0	0
13 [1484821081]	Nephrology	4	0	0			
14 [1804813163]	Neurology*	2	7	0			
15 [2204821290]	Obstetrics and gynecology	14	0	2	2	1	0
16 [1474821197]	Oncology*	0	4	0			
17 [2404821152]	Ophthalmology	8	1	0			
18 [2604831160]	Orthopaedic surgery	14	1	0	2	1	0
19 [5304804030]	Pain medicine	7	0	2			
20 [3004831415]	Pathology-anatomic and clinical	3	5	0	0	0	0
21 [3204821260]	Pediatrics	22	0	1	8	0	1
22 [4004821256]	Psychiatry	12	4	0	3	0	0
23 [1564831152]	Pulmonary disease and critical care medicine*	0	0	0			
24 [1274812081]	Sports medicine	0	2	0			
25 [4404821363]	Surgery	23	5	0	9	0	1
26 [4804831184]	Urology	3	1	0			

Texas Tech University (Permian Basin)

27 [1204821457]	Family medicine	20	0	2	8	0	4
28 [1254831068]	Geriatric medicine	1	1	0			
29 [1404821519]	Internal medicine	36	0	0	12	0	1
30 [2204821331]	Obstetrics and gynecology	10	2	0	3	0	0

Texas Tech University Health Sciences Center Paul L Foster School of Medicine

31 [0404831203]	Anesthesiology*	6	6	0	3	0	1
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Number of Number of Number of Number of Number of Number of

Residency Program Number	Specialty	Total Filled Positions CBM00R	Total Unfilled Positions ACGME	Total Over Filled Positions ACGME	1st Year Entering Filled Positions CBM00R	1st Year Unfilled Positions Match	1st Year Over Filled Positions Match
32	[1414814297] Cardiovascular disease*	0	6	0			
33	[4054800198] Child and adolescent psychiatry*	0	4	0			
34	[1104812070] Emergency medicine	30	0	0	9	1	
35	[1204811309] Family medicine	26	0	2	8	0	0
36	[1444812240] Gastroenterology*	0	6	0			
37	[1404811424] Internal medicine	45	0	0	16	0	9
38	[1184812032] Medical toxicology*	0	4	0			
39	[2204811315] Obstetrics and gynecology	14	2	0	3	1	0
40	[3204811234] Pediatrics	41	4	0	15	0	6
41	[4004811217] Psychiatry	12	4	0	2	0	1
42	[4204812257] Radiology-diagnostic	8	0	0			
43	[1504831162] Rheumatology*	0	1	0			
44	[1274831145] Sports medicine*	0	0	0			
45	[4404811332] Surgery	18	0	0	5	1	0

Texas Tech University Health Science Center (El Paso)

46	[9994800221] Transitional Year***	1	3	0	1	3	0
Total		564	83	10	165	9	36

*Initial Accreditation ACGME.

**Dually accredited by the ACGME and AOA.

***This program closed as of June 30, 2011.

University of North Texas Health Science Center

Number of Number of Number of Number of Number of Number of

Residency Specialty Total Filled Total Unfilled Total Over Filled 1st Year Entering 1st Year Unfilled 1st Year Over Filled
Program Number Positions Positions Positions Filled Positions Positions
CBM00R AOA ACGME Positions AOA Match Match

Conroe Medical Education Foundation Program

1	[1204821454]	Family medicine**	23	7	0	10	0	4
2	[1274821102]	Sports medicine	0	2	0			

John Peter Smith Hospital (Tarrant County Hospital District) Program

3	[2604822100]	Orthopaedic surgery	20	10	0	0	4	0
4	[9994800168]	Transitional year	12	0	0	12	0	0

South Texas Osteopathic Dermatology Residency

5	[328842]	Dermatology	1	3	0			
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UNTHSC/TCOM/Bay Area Corpus Christi Medical Center

6	[126270]	Family Practice Residency	5	11	0	3	1	0
7	[189612]	Internal Medicine	18	0	0	10	0	0
8	[125305]	Internship	0	8	0	0	8	0

UNTHSC/TCOM/Charlton Methodist Hospital

9	[1204821433] [163817]	Family Practice Residency**	17	1	0	8	0	5
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UNTHSC/TCOM John Peter Smith Hospital

10	[162648]	Diagnostic Radiology^^	----	----	----			
11	[162633]	Internship^^	----	----	----	----	----	----
12	[4004821282] [164262]	Psychiatry**	16	8	0	0	4	0

UNTHSC/TCOM/Plaza Medical Center

13	[148162]	Cardiology	6	3	0			
14	[139233]	Family Practice Residency	12	1	0	3	1	0
15	[175837]	Gastroenterology	2	4	0			
16	[142347]	General Surgery	10	2	0	5	0	2
17	[136630]	Internal Medicine	26	4	0	10	0	0
18	[136444]	Internship	1	8	0	1	8	0
19	[162645]	Interventional Cardiology	1	2	0			
20	[163199]	Neuromusculoskeletal Med + 1	0	1	0			
21	[163017]	Neuromusculoskeletal Medicine	3	0	0			
22	[158100]	Rheumatology	11	-7	7			

UNTHSC/TCOM/Texas A&M HSC Bryan-College Station

23	[164160]	Internship^^	----	----	----	----	----	----
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Number of Number of Number of Number of Number of Number of

Residency Specialty Total Total Total Over 1st Year 1st Year 1st Year
Program Number Filled Unfilled Filled Entering Unfilled Over Filled
Number CBM00R AOA ACGME Positions AOA Positions Match

University of North Texas HSC/TCOM

	<u>Residency</u> <u>Program</u> <u>Number</u>	<u>Specialty</u>	<u>Total</u> <u>Filled</u> <u>Positions</u> <u>CBM00R</u>	<u>Total</u> <u>Unfilled</u> <u>Positions</u> <u>AOA</u>	<u>Total Over</u> <u>Filled</u> <u>Positions</u> <u>ACGME</u>	<u>1st Year</u> <u>Entering</u> <u>Filled</u> <u>Positions</u> <u>CBM00R</u>	<u>1st Year</u> <u>Unfilled</u> <u>Positions</u> <u>AOA</u> <u>Match</u>	<u>1st Year</u> <u>Over Filled</u> <u>Positions</u> <u>Match</u>
24	[195007]	Dermatology	3	0	0			
25	[183237]	Geriatrics/Internal Medicine	2	2	0			
26	[194845]	Hospice and Palliative Care	0	3	0			
27	[336447]	Neuromusculoskeletal Med + 1 Residency^	0	0	0			
28	[336448]	Neuromusculoskeletal Med/OMT^	0	0	0			
Total			189	73	7	62	26	11

*Initial Accreditation ACGME.

**Dually Accredited by the ACGME and AOA.

^Transitioning to UNTHSC/TCOM following AOA application/transition process.

^^Program reports residents under other program(s).

University of Texas Health Science Center at Houston

<u>Residency Program Number</u>	<u>Specialty</u>	<u>Number of</u>	<u>Number of</u>	<u>Number of</u>	<u>Number of</u>	<u>Number of</u>	<u>Number of</u>	
		<u>Total Filled Positions CBM00R</u>	<u>Total Unfilled Positions ACGME</u>	<u>Total Over Filled Positions ACGME</u>	<u>1st Year Entering Filled Positions CBM00R</u>	<u>1st Year Unfilled Positions Match</u>	<u>1st Year Over Filled Positions Match</u>	
<i>University of Texas at Houston</i>								
1	[3214821003] Adolescent medicine	0	2	0				
2	[0414813051] Adult cardiothoracic anesthesiology*	2	1	0				
3	[0404831152] Anesthesiology	81	15	0	14	0	0	
4	[1414831019] Cardiovascular disease	23	0	0				
5	[4054821139] Child and adolescent psychiatry	8	2	0				
6	[1854831078] Child neurology	8	1	0				
7	[1544821082] Clinical cardiac electrophysiology	1	1	0				
8	[1874821066] Clinical neurophysiology	4	1	0				
9	[0604821023] Colon and rectal surgery	3	1	0				
10	[0454821032] Critical care medicine	0	2	0				
11	[0804821100] Dermatology	19	0	1				
12	[1004821081] Dermatopathology	1	0	0				
13	[1104821096] Emergency medicine	42	12	0	14	4	0	
14	[1434831017] Endocrinology, diabetes, and metabolism	4	1	0				
15	[1204821490] Family medicine	35	1	0	11	1	0	
16	[1444831017] Gastroenterology	9	1	0				
17	[1514831162] Geriatric medicine	4	0	0				
18	[1464831018] Infectious disease	10	0	0				
19	[1404831423] Internal medicine	117	18	0	48	2	0	
20	[7004814075] Internal medicine/Pediatrics	20	4	0	6	0	0	
21	[1524812069] Interventional cardiology	3	0	0				
22	[1304821034] Medical genetics	0	6	0				
23	[3294821058] Neonatal-perinatal medicine	11	0	0				
24	[1484831015] Nephrology	9	3	0				
25	[1604831126] Neurological surgery	9	5	0	2	0	0	
26	[1804831111] Neurology	17	0	0				
27	[4234821041] Neuroradiology	2	0	0				
28	[2404821151] Ophthalmology	12	0	0				
29	[2604821166] Orthopaedic surgery	15	0	0	3	0	0	
30	[2804821105] Otolaryngology	11	0	1	2	0	0	
31	[3004811352] Pathology-anatomic and clinical	26	2	0	3	2	0	
32	[0424813062] Pediatric anesthesiology*	1	0	0				
33	[3254821083] Pediatric cardiology	5	1	0				
34	[3234813079] Pediatric critical care medicine	3	2	0				
35	[3264821066] Pediatric endocrinology	3	0	0				
36	[3324831073] Pediatric gastroenterology	6	0	0				

Number of Number of Number of Number of Number of Number of

Residency Program Number	Specialty	Total Filled Positions CBM00R	Total Unfilled Positions ACGME	Total Over Filled Positions ACGME	1st Year Entering Filled Positions CBM00R	1st Year Unfilled Positions Match	1st Year Over Filled Positions Match
37	[3354812056] Pediatric infectious diseases	3	0	0			
38	[3284821041] Pediatric nephrology	1	3	0			
39	[3304821056] Pediatric pulmonology	1	3	0			
40	[4454812042] Pediatric surgery	0	2	0			
41	[3204821233] Pediatrics	72	2	0	23	1	0
42	[7654844014] Pediatrics/Medical genetics (non-accredited)	4	0	0	0	0	0
43	[3404821101] Physical medicine and rehabilitation	12	0	0			
44	[3604831101] Plastic surgery	3	3	0			
45	[3804877090] Preventive medicine	1	5	0			
46	[4004831215] Psychiatry	31	17	0	6	1	0
47	[1564831071] Pulmonary disease and critical care medicine	12	0	0			
48	[4204821196] Radiology-diagnostic	52	8	0			
49	[1504831130] Rheumatology	7	0	1			
50	[3454821009] Spinal cord injury medicine	0	1	0			
51	[4404821337] Surgery	47	7	0	13	6	0
52	[4424821038] Surgical critical care	3	0	0			
53	[9994800219] Transitional year	7	8	0	6	0	0
54	[4804821146] Urology	12	0	0			
55	[1884831014] Vascular neurology	4	0	0			
56	[4504813104] Vascular surgery	1	1	0			

University of Texas Health Science Center at Houston

57	[5204814119] Sleep medicine	2	0	0			
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University of Texas at Houston (Memorial Hermann Hospital)

58	[2204821289] Obstetrics and gynecology	24	0	0	6	0	0
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University of Texas at Houston (Lyndon B Johnson General Hospital)

59	[2204821334] Obstetrics and gynecology	25	0	1	6	0	0
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Total 848 142 4 163 17 0

* Initial Accreditation ACGME.

University of Texas Health Science Center at San Antonio

Number of Number of Number of Number of Number of Number of

**Residency
Program
Number**

Specialty

**Total
Filled
Positions
CBM00R**

**Total
Unfilled
Positions
ACGME**

**Total Over
Filled
Positions
ACGME**

**1st Year
Entering
Filled
Positions
CBM00R**

**1st Year
Unfilled
Positions
Match**

**1st Year
Over Filled
Positions
Match**

University of Texas Health Science Center at San Antonio

1	[0404821155]	Anesthesiology	53	3	0	11	1	0
2	[3054821045]	Blood banking/transfusion medicine	0	2	0			
3	[1414821084]	Cardiovascular disease	15	0	0			
4	[3394832004]	Child abuse pediatrics*	1	2	0			
5	[4054821126]	Child and adolescent psychiatry	8	0	0			
6	[1874831077]	Clinical neurophysiology	2	1	0			
7	[0454813082]	Critical care medicine*	1	1	0			
8	[3074811018]	Cytopathology	1	1	0			
9	[0804822088]	Dermatology	7	1	0			
10	[1434821055]	Endocrinology, diabetes, and metabolism	4	0	0			
11	[1204821312]	Family medicine	37	1	0	14	0	1
12	[1444821072]	Gastroenterology	7	2	0			
13	[1514821075]	Geriatric medicine	4	1	0			
14	[4074821060]	Geriatric psychiatry	1	1	0			
15	[2634821025]	Hand surgery	3	1	0			
16	[3114821020]	Hematology	2	0	0			
17	[1554821099]	Hematology and oncology	11	1	0			
18	[5404814024]	Hospice and palliative medicine*	5	1	0			
19	[1464821057]	Infectious disease	4	0	0			
20	[1404821425]	Internal medicine	86	12	0	37	0	1
21	[1524821070]	Interventional cardiology	2	0	0			
22	[3294821115]	Neonatal-perinatal medicine	4	1	0			
23	[1484821057]	Nephrology	14	0	0			
24	[1604821085]	Neurological surgery	12	2	0	3	0	1
25	[1804821112]	Neurology	8	1	0			
26	[2004831085]	Nuclear medicine	1	3	0			
27	[2204821292]	Obstetrics and gynecology	24	0	0	6	0	0
28	[2404821153]	Ophthalmology	12	0	0			
29	[2604831095]	Orthopaedic surgery	31	0	1	6	0	0
30	[2804821106]	Otolaryngology	10	0	0	2	0	0
31	[5304804031]	Pain medicine	6	0	0			
32	[3004821356]	Pathology-anatomic and clinical	17	0	1	4	0	0
33	[3234821072]	Pediatric critical care medicine	4	2	0			
34	[3264812082]	Pediatric endocrinology	3	3	0			
35	[3274812087]	Pediatric hematology/oncology	3	3	0			
36	[3204821235]	Pediatrics	48	0	1	17	0	0
37	[3404821067]	Physical medicine and rehabilitation	30	2	0	8	0	0

<u>Residency Program Number</u>	<u>Specialty</u>	<u>Total Filled Positions CBM00R</u>	<u>Total Unfilled Positions ACGME</u>	<u>Total Over Filled Positions ACGME</u>	<u>1st Year Entering Filled Positions CBM00R</u>	<u>1st Year Unfilled Positions Match</u>	<u>1st Year Over Filled Positions Match</u>
38 [3604831134]	Plastic surgery	4	2	0			
39 [4004831218]	Psychiatry	59	19	0	12	0	2
40 [4094812041]	Psychosomatic medicine	1	1	0			
41 [1564811072]	Pulmonary disease and critical care medicine	9	0	0			
42 [4304821100]	Radiation oncology	6	0	0			
43 [4204821197]	Radiology-diagnostic	35	5	0			
44 [1504821041]	Rheumatology	2	1	0			
45 [4404821338]	Surgery	60	9	0	17	2	0
46 [4424812081]	Surgical critical care	1	2	0			
47 [4614821094]	Thoracic surgery - integrated	3	3	0	2	0	1
48 [4604821094]	Thoracic surgery*	2	0	0			
49 [4804821147]	Urology	14	2	0			
50 [4274821031]	Vascular and interventional radiology	1	2	0			
51 [1884818082]	Vascular neurology*	0	1	0			

University of Texas Health Science Center at San Antonio (McAllen)

52 [1204811311]	Family medicine	18	0	0	6	0	0
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University of Texas Health Science Center at San Antonio Lower Rio Grande Valley RAHC Program

53 [1404821524]	Internal medicine	16	0	1	5	0	0
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University of Texas Health Science Center at San Antonio/Nix Medical Center Program

54 [2684821042]	Orthopaedic sports medicine	2	0	0			
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Total **714** **95** **4** **150** **3** **6**

* Initial Accreditation ACGME.

University of Texas Medical Branch Galveston

Number of Number of Number of Number of Number of Number of
Total Total Total Over 1st Year 1st Year 1st Year
Filled Unfilled Filled Entering Unfilled Over Filled
Positions Positions Positions Filled Positions Positions
CBMOOR ACGME ACGME Positions Match Match

University of Texas Medical Branch Hospitals Program

<u>Residency</u>	<u>Specialty</u>	<u>Total</u>	<u>Total</u>	<u>Total Over</u>	<u>1st Year</u>	<u>1st Year</u>	<u>1st Year</u>	
<u>Program</u>		<u>Filled</u>	<u>Unfilled</u>	<u>Filled</u>	<u>Entering</u>	<u>Unfilled</u>	<u>Over Filled</u>	
<u>Number</u>		<u>Positions</u>	<u>Positions</u>	<u>Positions</u>	<u>Positions</u>	<u>Positions</u>	<u>Positions</u>	
		<u>CBMOOR</u>	<u>ACGME</u>	<u>ACGME</u>	<u>CBMOOR</u>	<u>Match</u>	<u>Match</u>	
1	[0414831040]	Adult cardiothoracic anesthesiology	0	1	0			
2	[0204811026]	Allergy and immunology	6	0	0			
3	[0404811149]	Anesthesiology	69	3	0	13	1	0
4	[1414821070]	Cardiovascular disease	16	2	0			
5	[4054811124]	Child and adolescent psychiatry	8	2	0			
6	[0454821048]	Critical care medicine	0	2	0			
7	[3074813093]	Cytopathology	1	0	0			
8	[0804811086]	Dermatology	9	1	0			
9	[1004821048]	Dermatopathology	2	0	0			
10	[1434821163]	Endocrinology, diabetes, and metabolism	5	1	0			
11	[1204821305]	Family medicine	23	7	0	8	0	0
12	[1444821062]	Gastroenterology	8	1	0			
13	[1514821106]	Geriatric medicine	4	0	0			
14	[1464821048]	Infectious disease	4	1	0			
15	[1404821421]	Internal medicine	85	7	0	37	0	8
16	[7514844009]	Internal medicine/Preventive medicine (non-accredited)	2	0	0	0	1	0
17	[7514844010]	Internal medicine/Preventive medicine (non-accredited)	2	0	0	0	1	0
18	[1524821097]	Interventional cardiology	2	2	0			
19	[3294821056]	Neonatal-perinatal medicine	3	0	0			
20	[1484821049]	Nephrology	4	0	0			
21	[1604821083]	Neurological surgery	4	3	0	1	0	0
22	[1804811109]	Neurology	10	0	1			
23	[4234821020]	Neuroradiology	1	1	0			
24	[2204821285]	Obstetrics and gynecology	33	0	1	7	1	0
25	[1474821053]	Oncology	6	0	0			
26	[2404821149]	Ophthalmology	11	1	0			
27	[2604821165]	Orthopaedic surgery	25	0	0	5	0	0
28	[2804811103]	Otolaryngology	14	1	0	3	0	0
29	[5304804103]	Pain medicine	2	0	0			
30	[3004811349]	Pathology-anatomic and clinical	18	7	0	5	0	0
31	[3204811231]	Pediatrics	30	6	0	10	0	3
32	[3624811098]	Plastic surgery - integrated	18	0	0	3	0	0
33	[3804821049]	Preventive medicine	0	4	0			
34	[4004811212]	Psychiatry	22	10	0	6	0	0
35	[1564821112]	Pulmonary disease and critical care medicine	6	0	0			
36	[4304811097]	Radiation oncology	5	0	0			

Number of Number of Number of Number of Number of Number of

<u>Residency Program Number</u>	<u>Specialty</u>	<u>Total Filled Positions CBM00R</u>	<u>Total Unfilled Positions ACGME</u>	<u>Total Over Filled Positions ACGME</u>	<u>1st Year Entering Filled Positions CBM00R</u>	<u>1st Year Unfilled Positions Match</u>	<u>1st Year Over Filled Positions Match</u>
37 [4204811194]	Radiology-diagnostic	24	0	0			
38 [1504821147]	Rheumatology	2	0	0			
39 [4404811333]	Surgery	26	2	0	3	3	0
40 [4424831098]	Surgical critical care	1	1	0			
41 [4804811144]	Urology	4	0	0			
42 [4274821098]	Vascular and interventional radiology	0	3	0			

University of Texas Medical Branch Hospitals (NASA)

43 [3804866118]	Preventive medicine	2	6	0			
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University of Texas Medical Branch Hospitals (Corpus Christi)

44 [0424821030]	Pediatric anesthesiology	1	1	0			
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Total 518 76 2 101 7 11

The University of Texas Southwestern Medical School

Number of Number of Number of Number of Number of Number of

Residency Specialty Total Total Total Over 1st Year 1st Year 1st Year
Program Number Filled Unfilled Filled Entering Unfilled Over Filled
Number Positions Positions Positions Entered Positions Positions
CBM00R ACGME ACGME CBM00R Match Match

University of Texas Southwestern Medical School (Austin)

1	[4054813181]	Child and adolescent psychiatry	5	5	0			
2	[0804812140]	Dermatology	5	4	0			
3	[1204811302]	Family medicine	22	0	1	6	1	0
4	[1404812415]	Internal medicine	49	0	0	21	0	1
5	[1804812156]	Neurology	9	0	0			
6	[2204812360]	Obstetrics and gynecology	20	0	0	5	0	0
7	[3204821421]	Pediatrics	49	2	0	17	0	0
8	[4004813299]	Psychiatry	25	7	0	5	1	0
9	[4094840059]	Psychosomatic medicine*	0	2	0			
10	[4404813424]	Surgery	10	5	0	3	0	0
11	[9994800133]	Transitional year	6	0	0	6	0	0

University of Texas Southwestern Medical School Program

12	[4014821028]	Addiction psychiatry	0	3	0			
13	[0414813011]	Adult cardiothoracic anesthesiology	2	0	0			
14	[0204821085]	Allergy and immunology	5	0	1			
15	[0404821147]	Anesthesiology	73	7	0	14	1	0
16	[3054831068]	Blood banking/transfusion medicine	1	1	0			
17	[1414821119]	Cardiovascular disease	25	2	0			
18	[4054821123]	Child and adolescent psychiatry	9	3	0			
19	[1854821043]	Child neurology	6	3	0			
20	[1544821070]	Clinical cardiac electrophysiology	1	1	0			
21	[1874821074]	Clinical neurophysiology	4	0	0			
22	[0454831073]	Critical care medicine	1	0	0			
23	[3074821060]	Cytopathology	2	0	0			
24	[0804821085]	Dermatology	18	0	0			
25	[1004821013]	Dermatopathology	5	0	0			
26	[1104821153]	Emergency medicine	59	0	2	19	0	0
27	[1434821083]	Endocrinology, diabetes, and metabolism	8	0	0			
28	[1204821361]	Family medicine	25	0	1	10	0	6
29	[3104811028]	Forensic pathology	1	2	0			
30	[1444821100]	Gastroenterology	16	2	0			
31	[1514812136]	Geriatric medicine	2	1	0			
32	[4074821036]	Geriatric psychiatry	1	2	0			
33	[3634821004]	Hand surgery	2	0	0			
34	[3114821064]	Hematology	2	0	0			
35	[1554821066]	Hematology and oncology	11	1	0			

Number of Number of Number of Number of Number of Number of

<u>Residency</u>	<u>Program</u>	<u>Specialty</u>	<u>Total</u>	<u>Total</u>	<u>Total Over</u>	<u>1st Year</u>	<u>1st Year</u>	<u>1st Year</u>
<u>Number</u>			<u>Filled</u>	<u>Unfilled</u>	<u>Filled</u>	<u>Entering</u>	<u>Unfilled</u>	<u>Over Filled</u>
			<u>Positions</u>	<u>Positions</u>	<u>Positions</u>	<u>Positions</u>	<u>Positions</u>	<u>Positions</u>
			<u>CBMOOR</u>	<u>ACGME</u>	<u>ACGME</u>	<u>CBMOOR</u>	<u>Match</u>	<u>Match</u>
36	[5404814073]	Hospice and palliative medicine*	2	0	1			
37	[1464821098]	Infectious disease	7	0	0			
38	[1404821419]	Internal medicine	151	10	0	60	0	1
39	[1524813152]	Interventional cardiology	2	0	0			
40	[1304813058]	Medical genetics	2	0	0			
41	[3144812014]	Medical microbiology	1	0	0			
42	[1184831009]	Medical toxicology	3	1	0			
43	[3294821055]	Neonatal-perinatal medicine	9	3	0			
44	[1484821084]	Nephrology	10	4	0			
45	[1864821009]	Neurodevelopmental disabilities*	0	4	0			
46	[1604821082]	Neurological surgery	15	0	1	2	0	0
47	[1804821108]	Neurology	27	5	0	8	0	0
48	[1834812001]	Neuromuscular medicine	2	0	0			
49	[3154821083]	Neuropathology	2	1	0			
50	[4234821059]	Neuroradiology	6	0	0			
51	[2004821073]	Nuclear medicine	2	2	0			
52	[2204831282]	Obstetrics and gynecology	79	1	0	20	0	0
53	[2404821148]	Ophthalmology	27	0	0			
54	[2604821032]	Orthopaedic surgery	30	0	0	6	0	0
55	[2804821102]	Otolaryngology	18	2	0	4	0	0
56	[5304804052]	Pain medicine	3	0	0			
57	[3004811345]	Pathology-anatomic and clinical	32	6	0	9	0	0
58	[0424831037]	Pediatric anesthesiology	4	0	0			
59	[3254821058]	Pediatric cardiology	6	0	0			
60	[3234821041]	Pediatric critical care medicine	12	0	0			
61	[3244821034]	Pediatric emergency medicine	9	0	0			
62	[3264831069]	Pediatric endocrinology	6	0	0			
63	[3324811045]	Pediatric gastroenterology	6	3	0			
64	[3274821046]	Pediatric hematology/oncology	9	3	0			
65	[3354821053]	Pediatric infectious diseases	6	0	0			
66	[3284821019]	Pediatric nephrology	7	2	0			
67	[2654821013]	Pediatric orthopaedics	5	0	0			
68	[3164821003]	Pediatric pathology	1	2	0			
69	[3304821067]	Pediatric pulmonology*	0	6	0			
70	[4244821015]	Pediatric radiology	2	2	0			
71	[3464812014]	Pediatric rehabilitation*	2	0	0			
72	[3314831021]	Pediatric rheumatology	3	3	0			
73	[4454821022]	Pediatric surgery	1	1	0			
74	[3204821230]	Pediatrics	94	0	4	34	0	1
75	[3404821065]	Physical medicine and rehabilitation	25	2	0			
76	[3604821097]	Plastic surgery	5	1	0			

Number of Number of Number of Number of Number of Number of

<u>Residency Program Number</u>	<u>Specialty</u>	<u>Total Filled Positions CBM00R</u>	<u>Total Unfilled Positions ACGME</u>	<u>Total Over Filled Positions ACGME</u>	<u>1st Year Entering Filled Positions CBM00R</u>	<u>1st Year Unfilled Positions Match</u>	<u>1st Year Over Filled Positions Match</u>
77 [3624821097]	Plastic surgery - integrated	16	8	0	4	0	
78 [0814821018]	Procedural dermatology	2	0	0			
79 [4004821211]	Psychiatry	48	20	0	14	0	1
80 [4094821034]	Psychosomatic medicine	1	1	0			
81 [1564821069]	Pulmonary disease and critical care medicine	13	1	0			
82 [4304812134]	Radiation oncology	8	0	0			
83 [4204821192]	Radiology-diagnostic	50	2	0			
84 [1504821070]	Rheumatology	6	1	0			
85 [3454821012]	Spinal cord injury medicine	0	2	0			
86 [4404821331]	Surgery	70	25	0	21	2	0
87 [4424821001]	Surgical critical care	5	0	1			
88 [4604821090]	Thoracic surgery	4	2	0			
89 [1194812003]	Undersea and hyperbaric medicine	1	0	0			
90 [4804821143]	Urology	16	0	0			
91 [4274821003]	Vascular and interventional radiology	3	0	0			
92 [1884831008]	Vascular neurology	1	1	0			
93 [4504821029]	Vascular surgery	2	1	0			

Children's Medical Center of Dallas/University of Texas Southwestern Medical School

94 [4854831021]	Pediatric urology	1	1	0			
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John Peter Smith Hospital (Tarrant County Hospital District)

95 [1204831304]	Family medicine	67	5	0	17	4	0
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McLennan County Medical Education and Research Foundation

96 [1204811313]	Family medicine	31	5	0	9	2	0
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North Central Texas Medical Foundation

97 [1204821435]	Family medicine**	25	0	1	9	0	1
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Total 1,482 192 13 323 11 11

* Initial Accreditation ACGME.

**Family Practice Residency Program roster numbers were used because there were not any first year residents included in the CBM00R for this program and not including these residents would misrepresent the program totals.

The University of Texas Health Center at Tyler

<u>Residency Program Number</u>	<u>Specialty</u>	<u>Number of Total Filled Positions CBM00R</u>	<u>Number of Total Unfilled Positions ACGME</u>	<u>Number of Total Over Filled Positions ACGME</u>	<u>Number of 1st Year Entering Filled Positions CBM00R</u>	<u>Number of 1st Year Unfilled Positions Match</u>	<u>Number of 1st Year Over Filled Positions Match</u>
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University of Texas Health Science Center at Tyler Program

1	[1204821464]	Family medicine	24	0	0	8	0	0
2	[1274821123]	Sports medicine	1	0	0			
3	[1404800890]	Internal medicine*	0	0	0	0	0	0
4	[3804877091]	Preventive medicine	4	0	0			
Total			29	0	0	8	0	0

*Initial Accrediation ACGME.

University of Texas MD Anderson Cancer Center

Number of Number of Number of Number of Number of Number of

Residency Specialty Total Total Total Over 1st Year 1st Year 1st Year
Program Number Filled Unfilled Filled Entering Unfilled Over Filled
Number CBM00R ACGME ACGME Positions Positions Match Positions

University of Texas M D Anderson Cancer Center

1	[3054821044]	Blood banking/transfusion medicine	0	2	0			
2	[3064821004]	Chemical pathology	0	2	0			
3	[3074821054]	Cytopathology	6	0	0			
4	[1004813072]	Dermatopathology	3	0	1			
5	[3114821019]	Hematology	3	2	0			
6	[5404843034]	Hospice and palliative medicine	6	0	1			
7	[1904812015]	Molecular genetic pathology	2	0	0			
8	[2704813014]	Musculoskeletal oncology	2	0	0			
9	[2414831004]	Ophthalmic plastic and reconstructive surgery*	2	0	1			
10	[0814813028]	Procedural dermatology	1	0	0			
11	[4304822099]	Radiation oncology	22	2	0			
12	[3014821010]	Selective pathology	14	0	0			
13	[3014812031]	Selective pathology A	1	0	0			
14	[3014813065]	Selective pathology B	2	0	0			
15	[3014831066]	Selective pathology C	1	1	0			
16	[3014831070]	Selective pathology D	1	1	0			
17	[3014812071]	Selective pathology E	2	0	0			
18	[3014821072]	Selective pathology F	1	1	0			
19	[3014813073]	Selective pathology G	1	1	0			

University of Texas at Houston/M D Anderson Cancer Center

20	[1554812150]	Hematology and oncology	40	2	0			
21	[5304804093]	Pain medicine	5	1	0			
22	[3274821038]	Pediatric hematology/oncology	6	3	0			

University of Texas at Houston

23	[4274821078]	Vascular and interventional radiology	4	0	0			
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University of Texas M D Anderson Cancer Center/Methodist Hospital (Houston)

24	[4604813121]	Thoracic surgery	4	0	0			
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Total 129 18 3 0 0 0

* Initial Accreditation ACGME.

Baylor College of Medicine

Number of Number of Number of Number of Number of Number of

**Residency
Program
Number**

Specialty

**Total
Filled
Positions
CBM00R**

**Total
Unfilled
Positions
ACGME**

**Total Over
Filled
Positions
ACGME**

**1st Year
Entering
Filled
Positions
CBM00R**

**1st Year
Unfilled
Positions
Match**

**1st Year
Over Filled
Positions
Match**

Baylor College of Medicine

1	[4014831064]	Addiction psychiatry	2	0	0			
2	[3214821016]	Adolescent medicine	2	1	0			
3	[0414831004]	Adult cardiothoracic anesthesiology	10	0	0			
4	[2614812040]	Adult reconstructive orthopaedics*	1	1	0			
5	[0204821063]	Allergy and immunology	11	0	3			
6	[0404831150]	Anesthesiology	73	7	0	15	0	0
7	[3054831080]	Blood banking/transfusion medicine	2	0	0			
8	[1414821106]	Cardiovascular disease	19	12	0			
9	[4054821125]	Child and adolescent psychiatry	8	0	0			
10	[1854821018]	Child neurology	8	4	0			
11	[1544821133]	Clinical cardiac electrophysiology*	0	0	0			
12	[1874821037]	Clinical neurophysiology	3	1	0			
13	[1424821091]	Critical care medicine	2	4	0			
14	[3074821023]	Cytopathology	2	1	0			
15	[0804821087]	Dermatology	10	0	0			
16	[1004821057]	Dermatopathology	1	1	0			
17	[1104821207]	Emergency medicine*	24	12	0	10	1	0
18	[1434821070]	Endocrinology, diabetes, and metabolism	9	1	0			
19	[1204811306]	Family medicine	26	0	8	6	2	0
20	[1444821085]	Gastroenterology	12	3	0			
21	[1514831040]	Geriatric medicine	3	3	0			
22	[4074840077]	Geriatric psychiatry*	0	2	0			
23	[2634831002]	Hand surgery (Orthopaedic Surgery)	2	0	0			
24	[3634831008]	Hand surgery (Plastic Surgery)	2	0	0			
25	[3114821012]	Hematology	1	1	0			
26	[1554821146]	Hematology and oncology	17	3	0			
27	[1464821070]	Infectious disease	9	1	0			
28	[1404821422]	Internal medicine	151	0	1	61	0	1
29	[7004814074]	Internal medicine/Pediatrics	31	1	0	7	0	0
30	[1524821068]	Interventional cardiology	4	0	0			
31	[1314831004]	Medical biochemical genetics*	0	2	0			
32	[1304821012]	Medical genetics	12	0	0	1	0	0
33	[1904822007]	Molecular genetic pathology	2	0	0			
34	[3294821057]	Neonatal-perinatal medicine	15	3	0			
35	[1484821070]	Nephrology	11	0	0			
36	[1864833003]	Neurodevelopmental disabilities	4	4	0			

Number of Number of Number of Number of Number of Number of

Residency Program Number	Specialty	Total Filled Positions CBMOOR	Total Unfilled Positions ACGME	Total Over Filled Positions ACGME	1st Year Entering Filled Positions CBMOOR	1st Year Unfilled Positions Match	1st Year Over Filled Positions Match
37	[1604821084] Neurological surgery	18	3	0	3	0	0
38	[1804821110] Neurology	35	5	0	9	1	0
39	[4234821060] Neuroradiology	2	3	0			
40	[2864831015] Neurotology	0	1	0			
41	[2004821075] Nuclear medicine	2	2	0			
42	[2204831286] Obstetrics and gynecology	47	1	0	11	1	0
43	[2684831027] Orthopaedic sports medicine	3	1	0			
44	[2604831049] Orthopaedic surgery	25	0	0	5	0	0
45	[2804831104] Otolaryngology	23	2	0	4	0	0
46	[3004831350] Pathology-anatomic and clinical	25	3	0	5	3	0
47	[0424821022] Pediatric anesthesiology	6	0	0			
48	[3254811047] Pediatric cardiology	16	2	0			
49	[3234831044] Pediatric critical care medicine	13	2	0			
50	[3244831035] Pediatric emergency medicine	14	2	0			
51	[3264821051] Pediatric endocrinology	9	3	0			
52	[3324821043] Pediatric gastroenterology	9	0	0			
53	[3274821037] Pediatric hematology/oncology	19	5	0			
54	[3354811055] Pediatric infectious diseases	5	4	0			
55	[3284821026] Pediatric nephrology	5	1	0			
56	[2654831002] Pediatric orthopaedics	0	2	0			
57	[2884821005] Pediatric otolaryngology	2	0	0			
58	[3164831009] Pediatric pathology	0	2	0			
59	[3304821029] Pediatric pulmonology	9	0	0			
60	[4244821016] Pediatric radiology	4	1	0			
61	[3464821015] Pediatric rehabilitation*	0	1	0			
62	[3314821020] Pediatric rheumatology	2	1	0			
63	[3334821004] Pediatric sports medicine	1	1	0			
64	[4454821020] Pediatric surgery	0	2	0			
65	[4854821008] Pediatric urology	1	0	0			
66	[3204821232] Pediatrics	127	4	0	44	1	0
67	[7654844016] Pediatrics/Medical genetics (non-accredited)	0	0	0	0	1	0
68	[3404821066] Physical medicine and rehabilitation	22	17	0			
69	[3624831099] Plastic surgery - integrated	18	0	0	3	0	0
70	[4004821213] Psychiatry	46	5	0	10	0	0
71	[1564821084] Pulmonary disease and critical care medicine	17	4	0			
72	[4304821098] Radiation oncology	6	2	0			
73	[4204821195] Radiology-diagnostic	42	6	0			
74	[1504821058] Rheumatology	0	6	0			
75	[5204814102] Sleep medicine	3	0	0			
76	[3454813021] Spinal cord injury medicine	1	0	0			

Number of Number of Number of Number of Number of Number of

<u>Residency Program Number</u>	<u>Specialty</u>	<u>Total Filled Positions CBM00R</u>	<u>Total Unfilled Positions ACGME</u>	<u>Total Over Filled Positions ACGME</u>	<u>1st Year Entering Filled Positions CBM00R</u>	<u>1st Year Unfilled Positions Match</u>	<u>1st Year Over Filled Positions Match</u>
77 [4404821334]	Surgery	54	9	0	19	7	0
78 [4424821120]	Surgical critical care*	0	2	0			
79 [4804821145]	Urology	16	0	0			
80 [4504821016]	Vascular surgery	4	0	0			

Baylor College of Medicine/Cullen Eye Institution

81 [2404821150]	Ophthalmology	18	0	0			
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Baylor College of Medicine/St. Luke's Episcopal Hospital

82 [1414821120]	Cardiovascular disease	15	4	0			
83 [1544813073]	Clinical cardiac electrophysiology	2	0	0			
84 [1524823067]	Interventional cardiology	3	2	0			

Baylor College of Medicine/Texas Heart Institute

85 [4664813007]	Congenital cardiac surgery*	0	1	0			
86 [4604813124]	Thoracic surgery	4	8	0			

Total	1,182	188	12	213	17	1
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* Initial Accreditation ACGME.

Unaffiliated/Independent Residency Programs

<u>Residency Program Number</u>	<u>Specialty</u>	<u>Number of</u>	<u>Number of</u>	<u>Number of</u>	<u>Number of</u>	<u>Number of</u>	<u>Number of</u>	
		<u>Total Filled Positions ACGME</u>	<u>Total Unfilled Positions ACGME</u>	<u>Total Over Filled Positions ACGME</u>	<u>1st Year Entering Filled Positions ACGME</u>	<u>1st Year Unfilled Positions MATCH/ACGME</u>	<u>1st Year Over Filled Positions Match</u>	
<i>Baylor University Medical Center Program</i>								
1	[1414831176] Cardiovascular disease	6	3	0				
2	[1544812100] Clinical cardiac electrophysiology	1	0	0				
3	[0604821021] Colon and rectal surgery	2	0	0				
4	[0804813142] Dermatology*	4	2	0				
5	[1204821574] Family medicine	20	1	0	7	0	2	
6	[2624812010] Foot and ankle orthopaedics	3	0	0				
7	[1444831148] Gastroenterology	6	0	0				
8	[3114831110] Hematology*	1	0	0				
9	[1464821215] Infectious disease*	0	2	0				
10	[1404831416] Internal medicine	31	0	1	12	0	0	
11	[1524831132] Interventional cardiology	0	1	0				
12	[1484821188] Nephrology	3	0	0				
13	[4254822066] Nuclear radiology	0	1	0				
14	[2204831280] Obstetrics and gynecology	20	0	0	5	0	0	
15	[1474831076] Oncology	6	0	0				
16	[3004812343] Pathology-anatomic and clinical	18	0	0	4	0	0	
17	[3404831064] Physical medicine and rehabilitation	10	0	1				
18	[4204822190] Radiology-diagnostic	28	0	0				
19	[4404821328] Surgery	46	4	0	12	2	0	
20	[1584814007] Transplant hepatology	1	1	0				
21	[4274821043] Vascular and interventional radiology	1	1	0				
22	[4504821028] Vascular surgery	4	0	0				

Bexar County Medical Examiner's Office

23	[3104821044] Forensic pathology	1	1	0			
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Harris County Institute of Forensic Sciences

24	[3104821080] Forensic pathology	1	1	0			
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Methodist Hospital (Houston)

25	[2614821037] Adult reconstructive orthopaedics	2	0	0			
26	[3054833085] Blood banking/transfusion medicine	1	0	0			
27	[1414813292] Cardiovascular disease*	4	8	0			
28	[1874812124] Clinical neurophysiology*	2	0	0			
29	[3074831099] Cytopathology	3	0	1			
30	[1204821565] Family medicine	13	0	1	4	0	0

Number of Number of Number of Number of Number of Number of

<u>Residency Program Number</u>	<u>Specialty</u>	<u>Total Filled Positions ACGME</u>	<u>Total Unfilled Positions ACGME</u>	<u>Total Over Filled Positions ACGME</u>	<u>1st Year Entering Filled Positions ACGME</u>	<u>1st Year Unfilled Positions MATCH/ACGME</u>	<u>1st Year Over Filled Positions Match</u>
31 [3114823101]	Hematology	2	0	0			
32 [1404813534]	Internal medicine	29	1	0	10	0	0
33 [1904812032]	Molecular genetic pathology*	1	0	0			
34 [1484814203]	Nephrology*	2	2	0			
35 [1604812123]	Neurological surgery	9	2	0	2	0	0
36 [1804812160]	Neurology	11	5	0	4	0	0
37 [1834813028]	Neuromuscular medicine*	1	1	0			
38 [3154822095]	Neuropathology	4	0	2			
39 [2204831288]	Obstetrics and gynecology	19	1	0	5	0	0
40 [2684813102]	Orthopaedic sports medicine	3	0	0			
41 [3004823420]	Pathology-anatomic and clinical	20	0	0	6	0	0
42 [3604812100]	Plastic surgery	4	2	0			
43 [0814812043]	Procedural dermatology	2	0	0			
44 [4304812141]	Radiation oncology*	2	2	0			
45 [3014812067]	Selective pathology	2	0	0			
46 [3014831044]	Selective pathology	5	0	0			
47 [3014832045]	Selective pathology	0	1	0			
48 [3014812083]	Selective pathology*	0	1	0			
49 [4404822335]	Surgery	21	7	0	8	0	0
50 [9994800140]	Transitional year	16	0	0	16	0	0
51 [4514800113]	Vascular surgery - integrated*	0	10	0	0	0	0
52 [4504813118]	Vascular surgery*	3	1	0			

Plano Orthopedic and Sports Medicine Center

53 [2684831103]	Orthopaedic sports medicine	0	2	0			
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Tarrant County Medical Examiner

54 [3104822087]	Forensic pathology	1	0	0			
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Texas Back Institute

55 [2674831030]	Orthopaedic surgery of the spine	5	0	0			
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Texas Department of State Health Services

56 [3804888105]	Preventive medicine	1	3	0			
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Valley Baptist Medical Center Program

57 [1204821593]	Family medicine	14	1	0	5	0	0
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Methodist Health System Dallas Program

Number of Number of Number of Number of Number of Number of

<u>Residency</u> <u>Program</u> <u>Number</u>	<u>Specialty</u>	<u>Total</u> <u>Filled</u> <u>Positions</u> <u>ACGME</u>	<u>Total</u> <u>Unfilled</u> <u>Positions</u> <u>ACGME</u>	<u>Total Over</u> <u>Filled</u> <u>Positions</u> <u>ACGME</u>	<u>1st Year</u> <u>Entering</u> <u>Filled</u> <u>Positions</u> <u>ACGME</u>	<u>1st Year</u> <u>Unfilled</u> <u>Positions</u> <u>MATCH/A</u> <u>CGME</u>	<u>1st Year</u> <u>Over Filled</u> <u>Positions</u> <u>Match</u>
58 [1444814239]	Gastroenterology*	1	5	0			
59 [1404812417]	Internal medicine	27	0	0	9	0	3
60 [2204831281]	Obstetrics and gynecology	11	1	0	3	0	0
61 [4404812329]	Surgery	14	1	0	6	0	0

Texas Health Presbyterian Dallas Program

62 [0604821022]	Colon and rectal surgery	1	0	0			
63 [1404811420]	Internal medicine	24	0	0	12	0	0

John Peter Smith Hospital (Tarrant County Hospital District)

64 [1104812202]	Emergency medicine*	12	27	0	12	0	0
65 [1254821039]	Geriatric medicine	2	2	0			
66 [2204822284]	Obstetrics and gynecology	15	1	0	4	0	0
67 [1274821073]	Sports medicine	6	0	0			

San Jacinto Methodist Hospital Program

68 [1204821432]	Family medicine**	24	0	0	8	0	3
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Christus Santa Rosa Health Care Program

69 [1204821616]	Family medicine	21	2	0	8	0	1
70 [1274813103]	Sports medicine	2	0	0			

Total	575	107	6	162	2	9
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*Initial Accreditation

**Dually accredited by the ACGME and AOA.

References

Accreditation Council on Graduate Medical Education
American Association of Colleges of Osteopathic Medicine
American Medical Association
American Osteopathic Association
Association of American Medical Colleges
Baylor College of Medicine
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Texas Higher Education Coordinating Board
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Texas Medical Association
Texas Medical Board
Texas State Data Center

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Starfield, Barbara. Primary Care: an increasingly important contributor to effectiveness, equity and efficiency of health services. SESPAS report 2012. Gac.sanit. 2012 doi: 10.1016/j.jagacerta2011.10.009 (article in press).

Consultants

The Coordinating Board staff received the advice and input from two national experts in physician and health professions workforce. Their detailed review provided clarification and accuracy to the report. The Coordinating Board extends its thanks and appreciation to the consultants for their work:

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