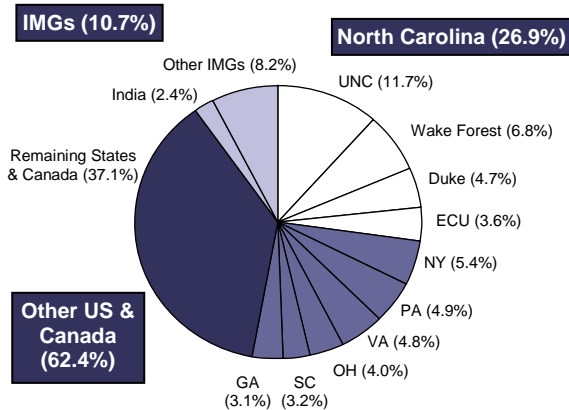


2003 NORTH CAROLINA PHYSICIANS: MEDICAL SCHOOL TRAINING

North Carolina, Other U.S. & Canada, and International Medical Graduates

The medical school background of the 17,090¹ North Carolina (NC) physicians licensed in 2003 is highlighted in this profile. Twenty-seven percent (26.9%; 4,565)

FIGURE 1: MEDICAL SCHOOL LOCATION OF ACTIVE LICENSED NORTH CAROLINA PHYSICIANS, 2003



graduated from a North Carolina medical school. The majority of physicians practicing in the state (62.4%; 10,609), completed medical school elsewhere in the US or Canada. Approximately 11 percent (10.7%; 1,815) of the physicians are international medical graduates (IMGs) who completed their medical school training outside the US and Canada.

◀ See Figure 1 and notes for details.

LOCATION & HOURS

In North Carolina, a larger percentage of IMGs (27.4%) list a primary practice location in a non-metropolitan county than the physicians who graduated from US or Canadian schools (20.9%), or NC (20.2%). Seven percent (7.1%) of IMGs are located in whole county Health Professions Shortage Areas (HPSAs) compared to 2.6% of the other US and Canadian graduates and 3.4% of the NC graduates.

All physicians, regardless of their medical school training, work about 41.5 hours per week in clinical care.

¹Medical school data were missing for 101 physicians; percentages are based on the 16,989 physicians for whom medical school information was available.

AGE & GENDER

The average age of physicians shows little variation by medical school location. For graduates from NC medical schools the average age is 46.6, compared to IMGs (46.9) and graduates from other US states and Canada (45.7). Gender distribution is similar across groups: 25.2% of NC graduates and 23.8% of the other US and Canadian graduates are women, while the percentage of female IMGs is 23.6%.

SPECIALTY

IMGs (48.0%) are slightly more likely than physicians who completed medical school in-state (47.4%) or other US and Canadian graduates (39.4%) to report a primary care specialty.

See Figure 2 and notes for definition of primary care. ▶

FIGURE 2: SPECIALTY CHOICE OF ACTIVE NC PHYSICIANS BY MEDICAL SCHOOL

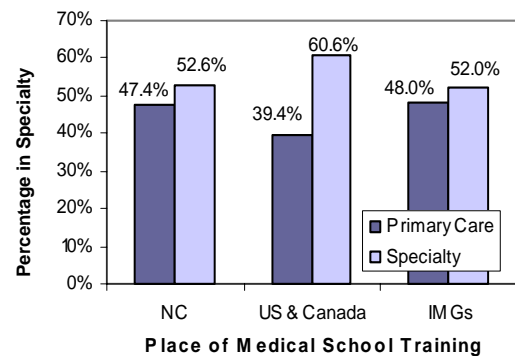


TABLE 1: ACTIVE NC PHYSICIAN PRACTICE SETTING BY LOCATION OF MEDICAL SCHOOL

Practice Setting	% of NC	% of US & Canada	% of IMGs	% Missing	% of Total
Solo Practitioner's Office	11.5%	10.7%	22.5%	9.9%	12.2%
Free-Standing Clinic	6.5%	5.5%	4.5%	6.9%	5.7%
Group Office	45.9%	40.1%	32.0%	32.7%	40.8%
Staff or Group Model HMO	0.4%	0.4%	0.2%	0.0%	0.3%
Hospital	17.8%	22.2%	19.3%	24.8%	20.7%
Medical School or Parent University	8.4%	10.1%	9.5%	12.9%	9.6%
Nursing Home/Extended Care Facility	0.3%	0.3%	0.3%	0.0%	0.3%
Locum Tenens/Telemedicine	0.7%	0.7%	1.3%	3.0%	0.8%
Other	1.9%	1.4%	2.9%	0.0%	1.7%
Missing	6.5%	8.5%	7.4%	9.9%	7.9%

Each column adds up to 100%. Missing practice setting = 1,348.

NOTES: Physicians are active, in-state, nonfederal, nonresident-in-training physicians licensed by the North Carolina Medical Board as of October, 2003. Primary care includes a primary specialty of family practice, general practice, internal medicine, obstetrics/gynecology, or pediatrics. The 101 physicians missing medical school information were not included in this profile. The 165 Canadian graduates were grouped with the U.S. graduates because of their similar training background.

PRACTICE SETTING

The majority of North Carolina physicians practice either in a hospital setting (20.7%) or as part of a group (40.8%) although there are considerable variations according to the location of a physician's medical school education. The NC medical school graduates are more likely to practice in a group office (45.9%) than their counterparts from other US states and Canada (40.1%) and IMGs (32.0%). IMGs (22.5%) are more likely to practice as a solo practitioner than NC (11.5%) or other US and Canadian physicians (10.7%).

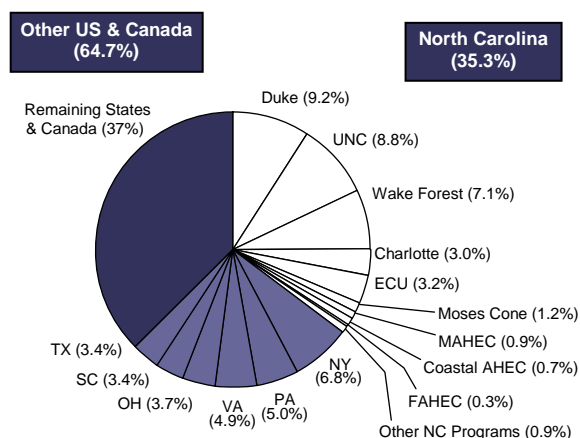
◀ See Table 1.

2003 NORTH CAROLINA PHYSICIANS: RESIDENCY TRAINING

North Carolina and Other U.S. & Canada

The postgraduate or residency training background of the 17,090² North Carolina (NC) physicians licensed in 2003 is highlighted in this profile. Approximately 35% of the physicians completed their residency training in the state (35.3%; 5,861). Of

FIGURE 3: RESIDENCY SCHOOL LOCATION OF ACTIVE LICENSED NORTH CAROLINA PHYSICIANS, 2003



the NC locations with accredited residency training programs, Wake Forest, Duke, and UNC-Chapel Hill account for 70.8% of the NC trained physicians. The majority of licensed physicians (64.7%; 10,731) indicate having completed their graduate medical education (GME) training in other US states or Canada. A total of 56 physicians reported training in another country (not included in this analysis). < See Figure 3 and notes for details.

²Residency data were missing for 442 physicians and 56 foreign residents were excluded; percentages are based on the 16,592 physicians for whom residency training information was available.

LOCATION & HOURS

In North Carolina, physicians who completed an in-state residency are less likely than their counterparts trained in other US States and Canada to practice in nonmetropolitan counties and Health Professional Shortage Areas (HPSAs).

Nonmetropolitan County	
NC Residency	15.3%
Other US and Canada Residency	24.8%
Part County HPSA	
NC Residency	29.3%
Other US and Canada Residency	36.7%
Whole County HPSA	
NC Residency	2.5%
Other US and Canada Residency	3.7%

Location of residency training has little impact on the number of hours per week spent in clinical care.

AGE & GENDER

The average age of physicians trained in NC and practicing in the state is 45.3 compared to 46.7 years of age for graduates of other US or Canadian residencies. A total of 29.3% of the NC residency trained physicians are women, compared to 21.3% of the physicians trained in other states or Canada.

SPECIALTY

Nearly 45% of the North Carolina physicians who completed an in-state residency indicated a primary care specialty, compared to 41% of the physicians who trained out of state.

See Figure 4 and notes for definition of primary care. >

FIGURE 4: SPECIALTY CHOICE OF ACTIVE NC PHYSICIANS BY RESIDENCY TRAINING LOCATION

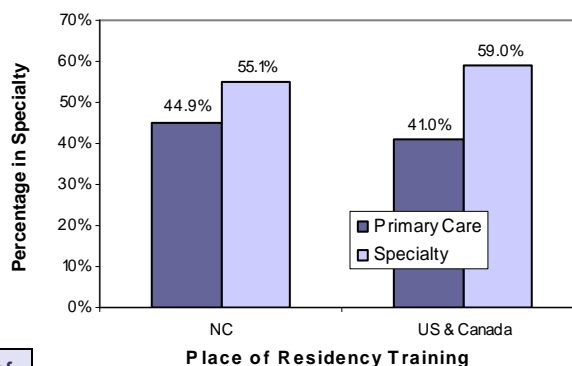


TABLE 2: ACTIVE NC PHYSICIAN PRACTICE SETTING BY RESIDENCY TRAINING LOCATION

Practice Setting	% of NC Grads	% of US & Canada	% Missing	% of Total
Solo Practitioner's Office	10.0%	13.6%	6.6%	12.2%
Free-Standing Clinic	6.6%	5.3%	4.5%	5.7%
Group Office	39.8%	42.2%	23.3%	40.8%
Staff or Group Model HMO	0.3%	0.4%	0.2%	0.3%
Hospital	20.5%	21.0%	17.6%	20.7%
Medical School or Parent University	13.1%	7.6%	11.5%	9.6%
Nursing Home/Extended Care Facility	0.2%	0.3%	0.0%	0.3%
Locum Tenens/Telemedicine	0.6%	0.9%	0.9%	0.8%
Other	2.1%	1.5%	1.4%	1.7%
Missing	6.9%	7.3%	33.9%	7.9%

Each column adds up to 100%. Missing practice setting = 1,348. Excludes 56 foreign residents.

NOTES: Physicians are active, in-state, nonfederal, nonresident-in-training physicians licensed by the North Carolina Medical Board as of October 2003. Primary care includes a primary specialty of family practice, general practice, internal medicine, obstetrics/gynecology, or pediatrics. The 88 physicians who completed training in Canada were grouped with U.S. trained physicians because of their similar training background. Residency data were missing for 442 physicians; percentages are based on the 16,592 physicians for whom residency information was available. Fifty-six foreign residents are excluded.

This fact sheet was compiled by the North Carolina Health Professions Data System and the Southeast Regional Center for Health Workforce Studies at the Cecil G. Sheps Center for Health Services Research, University of North Carolina at Chapel Hill, with data derived from the NC Medical Board, October 2005. This work was supported by the North Carolina Area Health Education Centers (NC AHEC) Program and the University of North Carolina Office of the Provost (Health Affairs).

PRACTICE SETTING

The majority of North Carolina physicians practice either in a hospital setting (20.7%) or as part of a group office (40.8%). NC residency trained physicians (13.1%) are more likely to practice in a medical school setting than their US and Canadian trained counterparts (7.6%) and are less likely to be solo practitioners (10.0%) than their counterparts (13.6%).

< See Table 2.