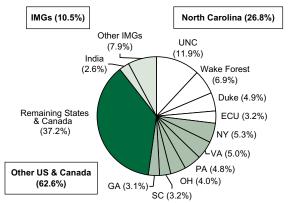
2001 NORTH CAROLINA PHYSICIANS: MEDICAL SCHOOL TRAINING North Carolina, Other U.S. & Canada, and International Medical Graduates

he medical school background of the 16,392¹ North Carolina (N.C.) physicians licensed in 2001 is highlighted in this profile. Nearly 27% (4,396) of the state's physicians graduated from a North Carolina medical





school. The majority of physicians, 62.6% (10,265), completed medical school elsewhere in the U.S. or Canada. Approximately ten and a half percent (10.5%; 1,724) of the physicians are international medical graduates (IMGs) who completed their medical school training outside the U.S. and Canada. See Figure 1 and

notes for details.

¹ Medical school data was missing for 7 physicians; percentages are based on the 16,385 physicians for whom medical school information was available.

Age & Gender

The average age of physicians shows little variation by medical school location. Graduates from N.C. schools average 46.3 years of age, compared to 46.5 for IMGs and 45.1 for graduates from other U.S. states and Canada. The gender distribution is also similar across groups: 22.9% of N.C. graduates and IMGs are women, compared to 22.3% of other U.S. and Canadian graduates.

SPECIALTY

Physicians who graduate from a North Carolina medical school (47.2%) are more likely to choose a primary care specialty than other U.S. and Canadian graduates (39.1%), but less likely to than IMGs (47.7%).

See Figure 2 and notes for definition of primary care.

TABLE 1: ACTIVE N.C. PHYSICIAN PRACTICE SETTING BY LOCATION OF MEDICAL SCHOOL

Setting	% of NC Grads	% of US & Can	% of IMGs	% of Total
Solo Practitioner's Office	12.7%	12.0%	23.8%	13.4%
Free-Standing Clinic	6.2%	5.9%	5.3%	6.0%
Group Office	48.2%	42.3%	33.6%	43.0%
Staff or Group Model HMO	0.4%	0.3%	0.2%	0.3%
Hospital	18.7%	23.2%	20.6%	21.8%
Medical School or Parent University	9.6%	12.7%	10.8%	11.6%
Locum Tenens/Telemedicine	1.1%	1.0%	1.7%	1.1%
Nursing Home/Extended Care	0.4%	0.4%	0.6%	0.4%
Other	2.7%	2.2%	3.4%	2.5%

Each column adds up to 100%. Missing practice setting -- 1, 910.

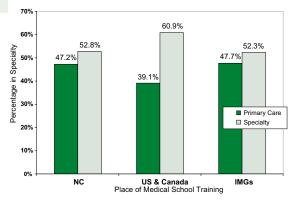
LOCATION

In North Carolina, a larger percentage of IMGs (28.0%) list a primary practice location in a nonmetropolitan county than physicians who graduated from U.S. or Canadian schools (21.1%) or North Carolina schools (20.2%). Approximately seven percent (7.0%) of IMGs locate in whole county Health Professional Shortage Areas (HPSAs) compared to 3.1% of the U.S. and Canadian graduates and 3.7% of the N.C. graduates.

Hours

North Carolina graduates indicate that they work an average of 45.0 total clinical care hours per week, compared to 45.1 hours for U.S. and Canadian graduates, and 45.9 for IMGs.

FIGURE 2: SPECIALTY CHOICE OF ACTIVE N.C. PHYSICIANS BY MEDICAL SCHOOL LOCATION



PRACTICE SETTING

Although the majority of North Carolina physicians practice in an office setting as part of a group, there are other considerable variations according to the location of a physician's medical school education. The N.C. medical school graduates are more likely to practice in a group office, while other U.S. and Canadian graduates are more likely to practice in a hospital or a facility affiliated with a medical school, and the IMGs are more likely to be solo practitioners than their respective counterparts.

See Table 1.

NOTE: Physicians are active, in-state, nonfederal, nonresident-in-training physicians licensed by the N.C. Medical Board as of October 2001. Primary care includes a primary specialty of family practice, general practice, internal medicine, obstetrics/gynecology, or pediatrics. Seven (7) physicians missing medical school information were not included in this profile. The 176 Canadian graduates were grouped with the U.S. graduates because of their similar training background. This fact sheet was compiled by the N.C. Health Professions Data System at the Cecil G. Sheps Center for Health Services Research, University of North Carolina at Chapel Hill, December 2002. 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).

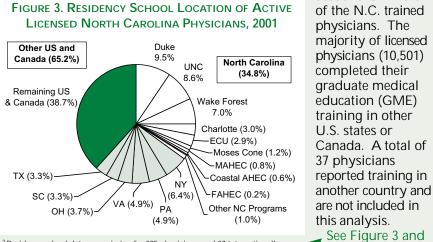
2001 NORTH CAROLINA PHYSICIANS: Residency Training North Carolina and Other U.S. & Canada

account for 72.0%

See Figure 3 and

notes for details.

he postgraduate or residency training of the 16,392² North Carolina (N.C.) physicians licensed in 2001 is highlighted in this profile. Nearly thirty-five percent (34.9%) of physicians completed their residency training in the state (5,629). Of the N.C. locations with accredited residency training programs, Wake Forest University Baptist, Duke, and UNC-Chapel Hill



² Residency school data was missing for 225 physicians, and 37 internationally trained physicians were not included in this analysis: percentages are based on a total of 16,130 physicians.

AGE & GENDER

The average age of physicians trained in N.C. and practicing in the state is 44.9, compared to 46.0 years of age for U.S. and Canadian trained physicians. A total of 27.4% of the N.C. trained physicians are women, compared to 19.9% of the physicians trained in other states or Canada.

SPECIALTY

Approximately 44.2% of the physicians who completed a residency in N.C. indicate a primary care specialty, compared to 41.1% of physicians who trained out of state.

See Figure 4 and notes for definition of primary care.

TABLE 2: ACTIVE N.C. PHYSICIAN PRACTICE SETTING
by Residency Training Location

Setting	% of NC Grads	% of US & Can	% of Total
Solo Practitioner's Office	13.5%	18.4%	16.6%
Free-Standing Clinic	7.7%	7.1%	7.3%
Group Office	49.6%	55.7%	53.5%
Staff or Group Model HMO	0.5%	0.4%	0.4%
Hospital	25.9%	27.5%	27.0%
Medical School or Parent University	19.3%	11.4%	14.3%
Locum Tenens/Telemedicine	1.1%	1.4%	1.3%
Nursing Home/Extended Care	0.4%	0.5%	0.5%
Other	3.1%	3.1%	3.1%

Each column adds up to 100%. Missing practice setting -- 1, 873.

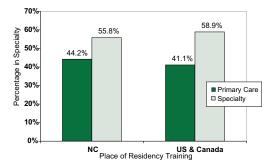
LOCATION

In North Carolina, 15.5% of the N.C. residency trained physicians work in nonmetropolitan counties, less than their U.S. and Canadian (24.9%) trained counterparts. A smaller percentage of the N.C. trained physicians (33.8%) work in counties that are designated as partial or whole county Health Professional Shortage Areas (HPSAs) than U.S. and Canadian trained physicians (44.1%). Approximately three percent (3.1%) of the N.C. trained physicians and four percent (4.0%) of the U.S. or Canadian trained physicians practice in whole county HPSAs.

Hours

U.S. and Canadian trained physicians spend an average of 45.4 total hours a week in clinical care, slightly more time than their N.C. trained counterparts (44.8).

FIGURE 4: SPECIALTY CHOICE OF ACTIVE N.C. PHYSICIANS BY RESIDENCY TRAINING LOCATION



PRACTICE SETTING

Most physicians practicing in North Carolina, regardless of the location of their residency training, practice in an office setting as part of a group. The N.C. residency trained physicians are more likely to practice in a medical school setting and are less likely to be solo practitioners than their U.S. and Canadian counterparts.

See Table 2.

NOTES: Physicians are active, in-state, non-federal, nonresident-in-training physicians licensed by the N.C. Medical Board as of October 2001. Primary care includes a primary specialty of family practice, general practice, internal medicine, obstetrics/g/necology, or pediatrics. The 88 physicians who completed training in Canada were grouped with U.S. trained physicians because of their similar training background. Internship data were substituted for 1,463 physicians with no residency data. For 47 individuals who graduated from North Carolina medical schools, Association of American Medical Colleges residency data were used. There were 246 individuals for whom American Medical Association residency data were used. The remaining 225 with missing residency and internship data were not included in this profile. The internationally-trained physicians were not included in this analysis because of the small sample size (37). This fact sheet was compiled by the N.C. Health Professions Data System at the Cecil G. Sheps Center for Health Services Research, University of North Carolina at Chapel Hill, December 2002. 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).