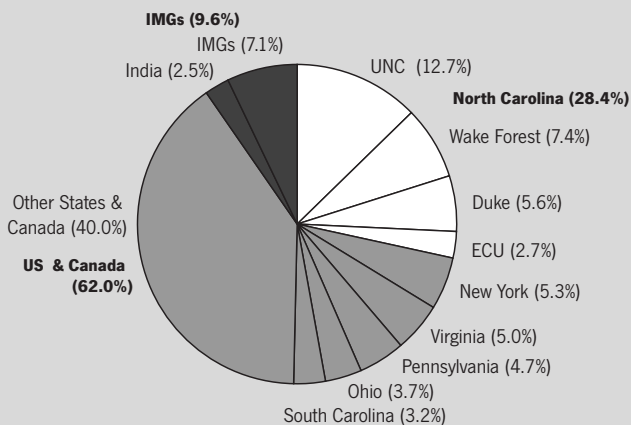


# 1997 NORTH CAROLINA PHYSICIANS: MEDICAL SCHOOL TRAINING

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

The medical school background of the 14,366 North Carolina (N.C.) physicians licensed in 1997 is highlighted in this profile. 28.4% (4,086) graduated from a North Carolina medical school. The majority of physicians

**Figure 1: Medical School Location of Active Licensed North Carolina Physicians, 1997**



practicing in the state, 8,900 (62.0%), completed medical school elsewhere in the U.S. or Canada. Approximately nine percent (9.6%; 1,376) 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.

## Location

In North Carolina, a larger percentage of IMGs (28.0%) list a primary practice location in a nonmetropolitan county than the physicians who graduated from U.S. or Canadian schools, including N.C. (20.5%). Ten percent (10.0%) of IMGs are located in whole county Health Professions Shortage Areas (HPSAs) compared to 3.9% of the other U.S. and Canadian graduates and 4.7% of the N.C. graduates.

## Hours

The graduates of other U.S. and Canadian medical schools who practice in N.C. indicate that they work an average of 43.8 total clinical care hours per week, in comparison to 44.7 hours for N.C. graduates, and 45.7 for IMGs.

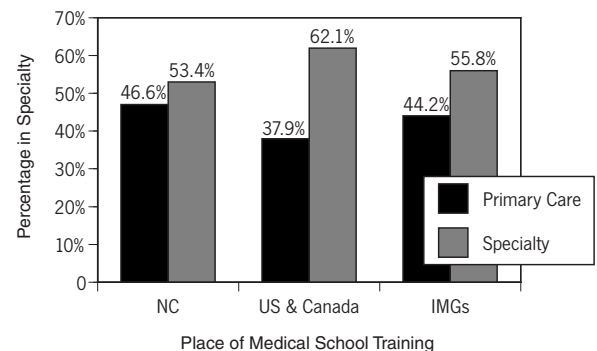
## Age & Gender

The distribution by gender and age of licensed North Carolina physicians does not differ substantially by where they trained. Just under 20% (19.4%) of other U.S. and Canadian graduates are female, 20.1% of international medical graduates, and 18.9% of North Carolina graduates are female. The average age of physicians from N.C. medical schools is 46.9, from other U.S. and Canadian graduates is 45.8, and of the IMGs is 47.

## Specialty

North Carolina physicians who completed medical school in-state (46.6%) are more likely to choose a primary care specialty than the other U.S. and Canadian graduates (37.9%) or IMGs (44.2%). See Figure 2. (See notes for definition of primary care.)

**Figure 2: Specialty Choice of Active N.C. Physicians by Medical School Location**



**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	15.1%	14.1%	28.1%	15.7%
Free-standing clinic	5.6%	5.2%	4.4%	5.2%
group office	45.2%	39.2%	26.7%	39.8%
staff or group model HMO	1.6%	1.9%	2.0%	1.8%
hospital	18.2%	21.6%	21.1%	20.5%
medical school or parent university	11.1%	14.9%	12.7%	13.5%
locum tenens/nursing home	1.0%	1.2%	1.5%	1.1%
other	2.3%	2.0%	3.4%	2.2%

each column adds up to 100% Missing practice setting=2,413

## 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.

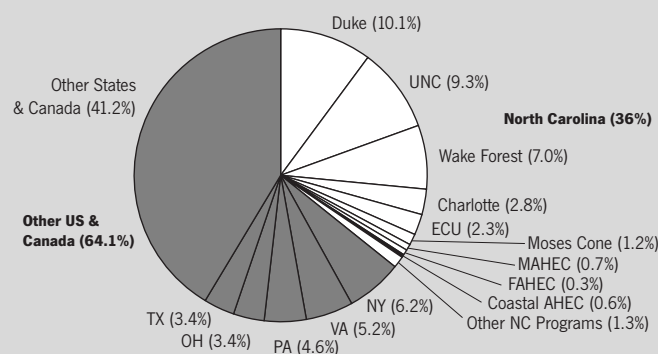
NOTES: Physicians are active, in-state, nonfederal, nonresident-in-training physicians licensed by the N.C. Medical Board as of October, 1997. Primary care includes a primary specialty of family practice, general practice, internal medicine, obstetrics/gynecology, or pediatrics. Four (4) physicians missing medical school information were not included in this profile. The 160 Canadian graduates were grouped with the U.S. graduates because of their similar training background. This fact sheet was compiled by Laura M. Smith, Data Coordinator, N.C. Health Professions Data System, Cecil G. Sheps Center for Health Services Research, University of North Carolina at Chapel Hill, May, 1999.

# 1997 NORTH CAROLINA PHYSICIANS: POSTGRADUATE TRAINING

## North Carolina and Other U.S. & Canadian Trained Physicians

The postgraduate or residency training background of the 14,366 North Carolina (N.C.) physicians licensed in 1997 is highlighted in this profile. Approximately 35.6% of the physicians completed their residency training in the state (5,002). Of the nine accredited residency training programs, Wake Forest, Duke, and UNC-Chapel Hill account for 74.1% of the N.C.-trained physicians. The majority of licensed physicians (9,007) indicate having completed their graduate medical education (GME) training in other U.S. states or Canada. A total of 39 physicians reported training in another country (not included in this analysis). See Figure 3 and notes for details.

**Figure 3: Location of Residency Training Programs for N.C. Licensed Physicians**



ed their graduate medical education (GME) training in other U.S. states or Canada. A total of 39 physicians reported training in another country (not included in this analysis). See Figure 3 and notes for details.

### Age & Gender

The average age of graduates of N.C.-based graduate medical education who are practicing in the state is 45.7 compared to 46.8 years of age for graduates of other U.S. or Canadian residencies. A total of 23.7% of the N.C. residency trained physicians are women, compared to 16.6% of the physicians trained in other states or Canada.

### Specialty

42.5% of the North Carolina physicians who completed an in-state residency indicated a primary care specialty, compared to 40.0% of the physicians who trained out of state. See Figure 4. (See notes for definition of primary care.)

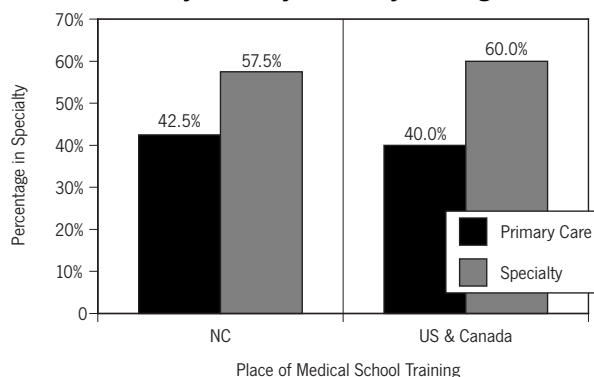
### Location

In North Carolina, 15.5% of the N.C. residency trained physicians work in nonmetropolitan counties, less than their other U.S. & Canadian trained counterparts (24.4%). In addition, a smaller percentage of the physicians trained in N.C. residencies (50.9%) work in counties that are designated as partial or whole Health Professions Shortage Areas (HPSAs) than physicians trained in other states or Canada (53.9%). Over three percent (3.6%) of the graduates of N.C.-based residencies and approximately five percent (5.2%) of the other U.S. or Canadian trained physicians practice in whole HPSAs.

### Hours

Other physicians who trained in non-N.C., U.S., or Canadian programs spend an average of 44.7 total hours a week in clinical care, slightly more time than their N.C. trained counterparts (43.7).

**Figure 4: Reported Specialty of Active N.C. Physicians by Residency Training Location**



**Table 2: Active N.C. Physician Practice Setting by Residency Training Location**

Setting	% of N.C. Residents	% of U.S. & CAN Residents	% of Total
solo practitioner's office	13.4%	17.2%	15.8%
free-standing clinic	5.6%	5.0%	5.2%
group office	37.8%	41.3%	40.0%
staff or group model HMO	1.5%	2.0%	1.8%
hospital	20.8%	20.4%	20.5%
medical school or parent university	17.2%	11.0%	13.3%
locum tenens/nursing home	1.1%	1.1%	1.1%
other	2.5%	2.0%	2.2%

each column adds up to 100% Missing practice setting=2,305

### 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, nonfederal, nonresident in training physicians licensed by the N.C. Medical Board as of October 1997. Primary care includes a primary specialty of family practice, general practice, internal medicine, obstetrics/gynecology, or pediatrics. The 78 physicians who completed training in Canada were grouped with U.S. trained physicians because of their similar training background. Internship data were substituted for 973 of the physicians with no residency data. For 254 North Carolina medical school graduates missing residency information, Association of American Medical Colleges residency data were used. The remaining 318 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. This fact sheet was compiled by Laura M. Smith, Data Coordinator, N.C. Health Professions Data System, Cecil G. Sheps Center for Health Services Research, University of North Carolina at Chapel Hill, May, 1999.