

**Association of Directors of Geriatric Academic Programs (ADGAP)**  
**Longitudinal Study of Training and Practice in Geriatric Medicine**

# Training & Practice Update

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## *Geriatricians and Geriatric Psychiatrists*

ADGAP's Longitudinal Study of Training and Practice compiled data from the American Board of Family Practice (ABFP), the American Board of Internal Medicine (ABIM), and the American Board of Psychiatry and Neurology (ABPN) on certification and re-certification in geriatric medicine and geriatric psychiatry. Data on certification of osteopathic geriatricians are also presented.

This *Update* examines the trends in certification and explains why the number of certified geriatricians and geriatric psychiatrists will decline in the future.

### ***Certified Geriatricians***

The ABFP/ABIM established a certificate of added qualifications (CAQs) in geriatric medicine in 1988. The CAQ recognized academic and practicing geriatricians, but stopped short of developing a new specialty board. Under this arrangement, board-certified internists and family physicians need to maintain their primary board certification to be eligible for the geriatrics CAQ.

Starting in 1988, graduates of two-year fellowship programs were eligible for certification. Also, from 1988-1994, practicing physicians whose clinical practices included a significant component of geriatric care were entitled to take the certification exam by the practice pathway option. In 1998, a change in fellowship training requirements by the ABFP/ABIM reduced the clinical training required to sit for the exam to one year.

There have been 10,208 CAQs awarded from 1988 to 2002 -- 3055 in Family Practice and 7153 in Internal Medicine. Of these, 81% (8272) were awarded when the practice pathway option existed. Only 19% (1936) of the CAQs have been awarded since the practice pathway option ended, and only graduates from accredited geriatric fellowship programs could take the exam.

In 2001, the distribution of allopathic geriatricians varied considerably by state, with the national average number of geriatricians being 5.5 per 10,000 persons over age 75. Individual state rates ranged from 2.2 to 15.9.

**Certificates of Added Qualifications (CAQs)  
Awarded in Geriatric Medicine**

<b>Year</b>	<b>Family Practice</b>	<b>Internal Medicine</b>	<b>Total</b>
1988	752	1654	2406
1990	473	1204	1677
1992	597	1253	1850
1994	771	1568	2339
1996	254	291	545
1998	102	337	439
1999	28	183	211
2000	27	200	227
2001	21	193	214
2002	30	270	300
<b>Total</b>	<b>3055</b>	<b>7153</b>	<b>10,208</b>

### **Re-certification**

The CAQs are time limited, and diplomates must re-certify every 10 years. The original 5933 CAQs awarded to diplomates certified in 1988, 1990, and 1992 have expired. However, only 43% (1777) of these diplomates certified by

the ABIM and 61% (1105) of the diplomates certified by the ABFP have re-certified. Some diplomates certified since 1992 have already re-certified, even though their original certificates have not expired.

<b>Re-certification in Geriatric Medicine by Year of Original Certification</b>				
<b>Year</b>	<b>Family Practice</b>		<b>Internal Medicine</b>	
	<b>Certified</b>	<b>Re-certified</b>	<b>Certified</b>	<b>Re-certified</b>
1988	752	475 (63%)	1654	780 (47%)
1990	473	305 (65%)	1204	502 (42%)
1992	597	325 (54%)	1253	495 (40%)
1994	771	0	1568	61
1996	254	0	291	5
1998	102	0	337	1

### ***Osteopathic Geriatricians***

The American Osteopathic Boards of Internal Medicine and Family Practice (AOBIM / AOBFP) began certifying osteopathic geriatricians in 1991. For the first three exams (1991, 1993, and 1995) the test was given together by both boards. Since 1996, each board has administered its own certifying examination. There have been 572 CAQs in osteopathic geriatric medicine awarded, 70 from the AOBIM and 502 from the AOBFP (Personal communication, Carol Thoma, AOBFP, April 2003 and Armando Ramirez, American Osteopathic Association, 2003).

Re-certification in osteopathic geriatric medicine for Internal Medicine did not begin until October 2002, and no one took the exam at that time (Personal communication, Gary Slick, Executive Director, AOBIM, October 2002). Family Practice osteopathic physicians with CAQs awarded before 1996 do not have to re-certify, while those certified after 1996 must re-certify. One diplomate certified by the AOBFP has voluntarily re-certified (Personal communication, Carol Thoma, AOBFP, April 2003).

## ***Certified Geriatric Psychiatrists***

In 1989, a Certificate of Added Qualifications in Geriatric Psychiatry was approved, and in 1991 the first examination was administered. From 1991 to 2002, 2595 certificates were awarded. Similar to geriatric medicine, a practice pathway option for certification by the ABPN was available through 1996. Of the 2595 certificates awarded, 91% (2360) were awarded while the practice pathway option existed, and 9% (235) were awarded since only graduates of

fellowship programs could sit for the examination. (In 1997, the ABPN discontinued using the term “Added Qualification,” and changed the examination to a certification in the subspecialty of geriatric psychiatry.)

In 2001, the distribution of geriatric psychiatrists also varied considerably by state with the national average number of geriatric psychiatrists being 1.4 per 10,000 persons over age 75. Individual state rates range from 0.5 to 4.1.

<b>Certification in Geriatric Psychiatry</b>	
<b>Year</b>	<b>Certified</b>
1991	490
1992	359
1994	422
1995	376
1996	713
1998	65
2000	83
2002	87
<b>Total</b>	<b>2595</b>

## **Re-certification**

Similar to geriatric medicine, geriatric psychiatry certificates are 10-year time limited. Diplomates from 1991 and 1992 are now required to re-certify. Of the 849 diplomates

certified in those two years, only 65% (553) have re-certified. Twenty-nine diplomates re-certified prior to their certificate expiring.

<b>Re-certification in Geriatric Psychiatry by Year of Original Certification</b>		
<b>Year</b>	<b>Certified</b>	<b>Re-certified</b>
1990	490	322 (66%)
1992	359	231 (64%)
1994	422	25
1995	376	3
1996	713	1

Includes diplomates re-certified on 3/18/03

## Comments

Remarkably, since 1988 nearly 13,000 physicians have been certified in geriatric medicine and geriatric psychiatry. The decision of the ABFP, ABIM, and ABPN to certify geriatric training was predicated on academic geriatricians' and geriatric psychiatrists' needs. Credibility and the potential for academic program growth required a training pathway leading to recognition of faculty clinicians' specialized clinical skills. A temporary practice pathway is a standard approach utilized by specialty boards to phase in new training requirements and associated examinations. For physicians practicing in the community, the new geriatric medicine CAQs represented a potential threat to physicians' ability to continue providing care to older adults. Many community physicians chose to sit for the CAQ examination even though they were uncertain about the relevance of certification to them

Data from the ABFP/ABIM and ABPN suggest that many of the early diplomates are not returning for re-certification. Although ABFP/ABIM diplomates from the 1988, 1990, and 1992 examinations and ABPN diplomates from 1990 and 1992 are eligible to apply for re-certification, to date only about 49% and 65% respectively have done so. A 2001 analysis conducted by the ABIM found that US medical school and international medical school graduates were re-certifying at similar rates, and that fellowship-trained candidates were more likely to re-certify than practice-pathway candidates (Wiley & Grosso, Unpublished ABIM data, 2001).

Despite the continued growth in the number of fellowship graduates, if one compares the number of certified geriatricians in 1998 to the estimated number of certified geriatricians in 2004 (10 years after the practice pathway option ended), it is estimated that there will be 2730 fewer certified geriatricians in 2004 than there were in 1998 (a 29.5% decrease). Likewise, a comparison of the number of certified geriatric psychiatrists in 2001 to the estimated number of certified geriatric psychiatrists in 2006 (10 years after the practice pathway option ended),

indicates that there will be 587 fewer certified geriatric psychiatrists in 2006 than there were in 2001 (a 23% decrease).

Why are physicians not re-certifying? In addition to retirement, an explanation for the low re-certification rate may be that over the past ten years practitioners in community practice have not found the CAQ to significantly influence their practice activities, job availability, or salaries.

Moreover, Medicare, the primary payer for most clinical services provided by geriatricians, reduced the average reimbursement to physicians by 5.4% in 2002, and recently the Centers for Medicare and Medicaid Services predicted that Medicare physician payments will likely be cut by 4.2% in January 2004. Physicians who participate in the Medicare program may not collect more for a service than the designated Medicare fees, consisting of Medicare payments and allowable co-payments. The growing gap between Medicare reimbursement and the actual costs of delivering medical care may affect the willingness of physicians to continue focusing their careers in geriatric medicine and geriatric psychiatry.

## Summary

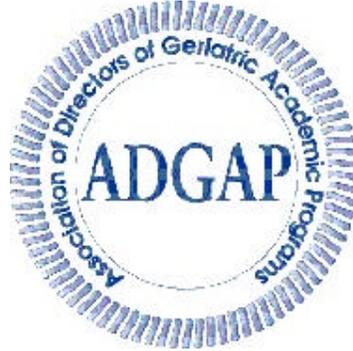
Recent trends indicate that during the next decade, while the number of elderly will be increasing at a dramatic rate, the number of physicians specializing in geriatric medicine and geriatric psychiatry will be declining. The delivery of quality and cost-effective medical services to older adults is critical. Accomplishing these goals will require continuous broad education, clinical, and research initiatives that reach every medical student, resident, fellow, and practicing physician. Physicians certified in geriatric medicine and geriatric psychiatry are leading this effort, but new initiatives are required to ensure that adequate numbers of physicians trained in geriatrics will be available in the future.

# Longitudinal Study of Training & Practice In Geriatric Medicine National Oversight Panel

M . Brownell Anderson  
*Association of American Medical Colleges*  
Robert F. Avant, MD  
*American Board of Family Practice*  
Linda H. Barondess  
*American Geriatrics Society*  
Robin A. Barr, PhD  
*National Institute on Aging*  
John Burton, MD  
*Johns Hopkins Geriatrics Center*  
Thomas Cavalieri, DO  
*American Association of Colleges of  
Osteopathic Medicine*  
Leslie Goode, MHS  
*American Board of Internal Medicine*  
Marsha Goodwin, MSN, RN  
*Veterans Health Administration*  
William J. Hall, MD  
*University of Rochester*  
William R. Hazzard, MD  
*University of Washington*

Seth Landefeld, MD  
*University of California, San Francisco*  
Stephanie Lederman  
*American Federation for Aging Research*  
Susan Lieff, MD  
*American Association for Geriatric Psychiatry*  
Donna Regenstreif, PhD  
*John A. Hartford Foundation*  
David B. Reuben, MD  
*University of California, Los Angeles*  
Judith Salerno, MD  
*National Institute on Aging*  
Joanne Schwartzberg, MD  
*American Medical Association*  
Richard S. Sharpe  
*Donald W. Reynolds Foundation*  
Philip Sloane, MD, MPH  
*University of North Carolina*  
Joan Weiss, PhD, RN  
*Bureau of Health Professions*

Editors: Elizabeth Bragg, PhD, RN and Gregg Warshaw, MD



Association of Directors of Geriatric Academic Programs  
(ADGAP)

The Empire State Building  
350 Fifth Avenue, Suite 801  
New York, NY 10118

If you would like to be placed on our mailing list to receive the Updates automatically,  
please write or e-mail Elizabeth Bragg at the following address:

Institute for Health Policy and Health Services Research

University of Cincinnati  
202 Goodman Drive, Suite 275  
PO Box 670840  
Cincinnati, OH 45267-0840  
Phone: 513-558-8792  
Fax: 513-558-2744  
Email: [Elizabeth.Bragg@uc.edu](mailto:Elizabeth.Bragg@uc.edu)  
[www.ihphsr.uc.edu/adgap](http://www.ihphsr.uc.edu/adgap)

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