

2005 Progress Report of the Virginia Generalist Initiative Program

In recognition of a downward trend nationwide in the production of generalist physicians, the General Assembly, in collaboration with the Robert Wood Johnson Foundation, began funding the Virginia Generalist Initiative program (VGI) in 1994. The purpose of the program is to enhance generalist physician education in the Commonwealth and to increase the number of medical school graduates entering generalist medical fields at the Eastern Virginia Medical School (EVMS), the University of Virginia (UVA), and the Virginia Commonwealth University (VCU). Since the program's inception in 1994, the General Assembly has provided over \$30.1 million from the general fund for the VGI program, or approximately \$2.5 million per year on average. The three Virginia medical schools have contributed about \$19.6 million to the program.

The Commonwealth sets two specific goals for VGI in the Appropriation Act (*Item 165.E, Chapter 951*) that:

- a. Based on a three year average, at least 50 percent of Virginia medical school graduates shall enter generalist residency programs; and
- b. Based on a three year average, at least 50 percent of Virginia generalist residency graduates shall enter generalist practice upon completion of residency training and at least 50 percent of those graduates shall practice in Virginia.

In addition to the statistical goals, the Appropriation Act sets qualitative measures for program evaluation in the areas of Virginia graduates' responses to the annual survey of the Association of American Medical Colleges (AAMC), student evaluation of the program, and faculty and community preceptors' evaluation of the student learning and skills.

The General Assembly directs the State Council of Higher Education for Virginia (SCHEV) to "monitor the results of the Generalist Initiative, especially the decisions of the graduates from the undergraduate medical programs to enter generalist residencies, and the composition of the residencies in the two associated academic health centers" (*Item 165.E, Chapter 951*). It further directs SCHEV to report biennially on the status of the program to the House Appropriations and Senate Finance Committees in November.

Program Assessment

The 2005 VGI progress report was submitted to SCHEV in September. It represents a joint effort between EVMS, UVA, and VCU. Like most state operations, the VGI program experienced budget reductions in the 2002-04 biennium. As a result, the Virginia Center for the Advancement of Generalist Medicine (VCAGM), the statewide coordinating office for the program was eliminated. Despite this loss, the three medical schools worked diligently and cooperatively to produce the 2005 progress report. Institutional representatives met with SCHEV staff to discuss the challenges and strategies for report requirements and program improvements.

With respect to the first goal established in the Appropriation Act, Table 1 shows that 43 percent of the medical school graduates, statewide, chose to enter a generalist residency program over the 3-year period. Looking at the three institutions independently, EVMS met the goal while UVA and VCU fell below the goal in 2005.

Table 1
3-Year (2003-2005) Average* of
Medical School Graduates Entering Generalist Medicine Residencies

Medical School	Number of Graduates	Number of Graduates entering Generalist Residencies	Goal A: 50% Graduates Entering Generalist Residencies
EVMS	98	49	50%
UVA	127	50	39%
VCU	163	70	43%
Total	388	167	43%

* Numbers do not add due to rounding.

Although the aggregated VGI program result fell below the first state goal, the total VGI program outcome (43%) exceeded the national average of 41% of students entering the generalist residencies in 2005. Medical students' career choices are influenced by a variety of factors including the health care market supply and demand, managed care requirements and cost concerns. Fluctuations in student demand make it difficult to predict changes in the marketplace. As a matter of fact, SCHEV called for the future program performance to be evaluated in the context of the national trends and factors related to the supply and demand of the health care market in its 2003 progress report. Table 2 shows that the student choice for the generalist program at Virginia medical schools has mirrored the national trends. But Virginia medical schools have outperformed the national average on this issue over the years.

Table 2
Student Residency Choice for the Generalist Program

Year of Graduation	Percent of graduates entering generalist residency program at Virginia medical schools	Percent of graduates entering generalist residency program nationwide
1995	49%	47%
1996	51%	51%
1997	59%	52%
1998	55%	52%
1999	56%	50%
2000	51%	48%
2001	50%	46%
2002	48%	42%
2003	43%	40%
2004	43%	41%
2005	44%	41%
2003-05 Average	43%	41%

Under the second goal, each of the three medical schools, independently, and in the aggregate, surpassed the requirements, as shown in Table 3 and Table 4. Between 2003 and 2005, 58% of the generalist residency graduates chose to practice in generalist medicine versus the goal of 50%. Of all generalist residency graduates, 34% chose generalist practice in Virginia compared to the goal of 25%.

Table 3
3-Year (2003-2005) Average* of
Generalist Residency Graduates Entering Generalist Practice

Medical School	Total Residency Graduates	Number of Residency Graduates Choosing Generalist Practice	Goal B Part 1: 50% of Residency Graduates Entering Generalist Practice
EVMS	39	22	56%
UVA	73	40	55%
VCU	82	51	62%
Total	194	112	58%

* Numbers do not add due to rounding.

Table 4
3-Year (2003-2005) Average* of
Generalist Residency Graduates Entering Generalist Practice in Virginia

Medical School	Total Residency Graduates	Number of Residency Graduates Entering Generalist Practice In Virginia	Goal B Part 2: 25% of Residency Graduates Entering Generalist Practice In Virginia**
EVMS	39	12	30%
UVA	73	22	30%
VCU	82	32	40%
Total	194	66	34%

* Numbers do not add due to rounding.

**The Appropriation Act language for Goal B Part 2 requires 50% of the 50% residency graduates entering generalist field to practice in Virginia, which is equivalent to 25% of medical students entering VGI to practice in Virginia.

In fact since 1996, the VGI program has trained almost 800 physicians entering primary care practice in Virginia. Clearly the VGI program has demonstrated its success in producing physicians in generalist medicine who practice in Virginia upon graduation.

As for the evaluation of the program quality, all three institutions reported that their graduates gave positive evaluations of the VGI program in the annual graduate survey of the Association of American Medical Colleges (AAMC). Virginia students' ratings were higher than the national average to questions regarding how well the program provides the introduction courses, sufficient clinical skill preparation, and adequate coverage of the subjects such as community health, geriatrics, health care systems, and professionalism. Students also gave high remarks for their community-based educational experiences for enhanced clinical skills. In addition, all three institutions actively and regularly seek community preceptors' feedback regarding the student's medical knowledge, clinical skills and professional attitudes and behaviors. The community-based experiences help students in their decision to serve medically underserved areas -- a major concern and goal of the Commonwealth. In sum, the VGI program has enhanced the quality of the medical education by producing competent and caring physicians.

In addition, all three medical schools reported that recruitments had focused on students from rural or medically underserved areas of Virginia. Research has been conducted to identify and recruit students who would choose generalist careers upon graduation, particularly those interested in serving rural and medically underserved communities.

Besides meeting the statistical goals set forth by the General Assembly, the VGI program has fundamentally changed the pedagogy of medical education at the three medical schools. All students are provided with clinical experience throughout the entire training period. In addition, the curricula constructed under the VGI program has become part of the core learning objectives for all medical students regardless of the careers they eventually choose.

As student choices are largely influenced by the national trends and the supply and demand in the health care market, the three institutions are proposing to change the language in the Appropriation Act in the upcoming 2006 legislative session. The major proposed change in the language is that SCHEV shall be responsible for working with the institutions to set reporting requirements that allow for flexibility and the recognition of the national trends as part of the program evaluation. The language also calls for a biennial progress report to the General Assembly to include policy and funding recommendations, as appropriate, to address the need for medical education and training in the Commonwealth.