

POLICY BRIEF

Over Half of Graduating Family Medicine Residents Report More Than \$150,000 in Educational Debt

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Primary care workforce shortages are thought to result not only from lower remuneration than other specialties but also from increasing amounts of debt at graduation. A census of 3083 graduating family medicine residents found that 58% reported having >\$150,000 in educational debt and 26% reported having >\$250,000—levels that may deter students' interest in primary care and constrain the practice location choices of those who do choose primary care. (J Am Board Fam Med 2016;29:180–181.)

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High educational debt has been shown to deter students from choosing primary care careers,¹ but the levels of debt carried by those who do is less well known. We used data from the American

Board of Family Medicine certification examination questionnaire from all applying third-year family medicine residents. One question asked,

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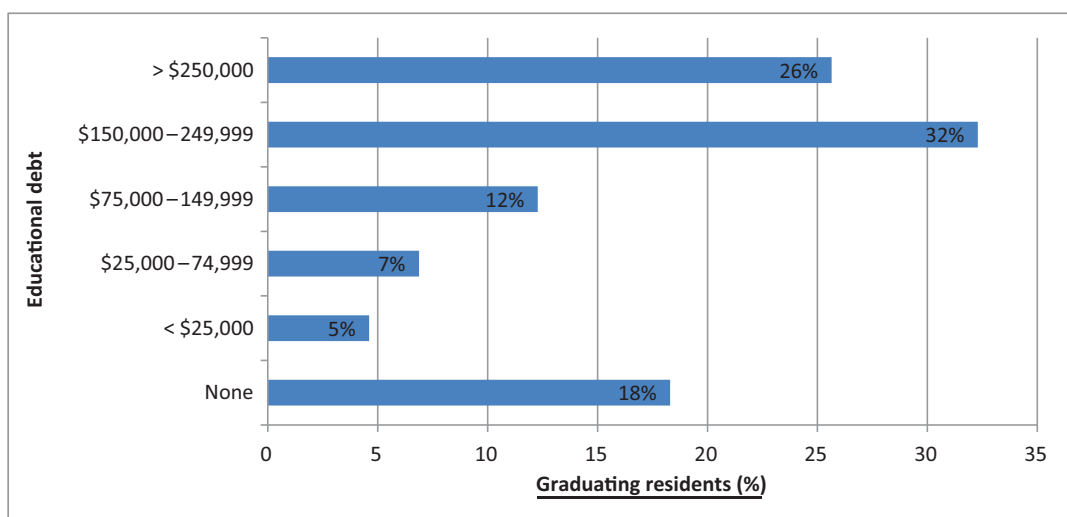
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Figure 1. Reported total educational debt among third-year family medicine residents (n = 3038) in 2014.



“What was your level of educational debt (undergraduate & graduate) at the end of medical school?” We used descriptive statistics to categorize the responses.

All residents applying for the 2014 certification examinations completed the questionnaire (n = 3038). While 18% reported having no educational debt, over half (58%) reported >\$150,000, and 26% reported >\$250,000, in total educational debt.

Researchers from the American Association of Medical Colleges found that graduating with \geq \$200,000 in debt required extended loan repayment and/or the selection of service-related loan forgiveness programs; graduating with \geq \$250,000 in debt required an even longer loan repayment requirement (25 years) and service in a shortage area, and reduced the ability to live in a desirable neighborhood.² Published student reactions to the American Association of Medical Colleges’ findings affirmed suspicions that high debt levels help to explain why students are less likely to choose family medicine and raise concerns for those who still do.³ Students from disadvantaged backgrounds may be dissuaded from this choice at even lower debt levels.^{1,4} Policymakers hoping to increase output in

primary care specialties such as family medicine should be aware of this growing debt burden and consider strategies such as loan repayment, small-business loans, practice transformation support, and payment reform targeting the physician payment gap. Figure 1

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