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Title

Movers and Stayers: Career Pathways and Gender Differences in Region of Birth and Region of Practice

Priority 1 (Research Category)

Economic or policy analysis

Presenters

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Abstract

Context: Efforts to grow the US primary care workforce are beginning to focus on life events well before residency or medical school, beginning at birth and elementary and secondary education, as well as differences across specialty and gender. Objective: We examine city of birth and current practice location to explore origin and destination differences of career spatial migration. Do physicians Stay in (or Return to) their place of origin, measured by original or contiguous counties of birth, for medical practice and career. Do these career migration flows differ by birth rurality, birth cohort by decade, or physician specialty, controlling for gender? Study Design and Analysis: We calculated risk ratios for practicing in region of birth (defined as county of birth or contiguous county) for all physicians in the US by rurality, birth cohort by decade, and physician specialty, controlling for gender. Setting or Dataset: Data are from geocoded city of birth and geocoding primary practice location from the 2023 American Medical Association Master File. Population Studied: US born physicians born between 1950 and 1989, who are providing patient care (N = 201,014). Outcome Measures: Region of practice, based on geocoded practice address information from the AMA Masterfile, with Stayers (or Returners) defined as practicing in their county of birth or any contiguous county. Results: Family Medicine and Internal Medicine Physicians are more likely to be Stayers, while practitioners of oncology and pediatrics are more likely to be Movers. Male Physicians practicing internal medicine, radiology, and surgery are more likely to be Stayers than their female counterparts. Conclusions: Place of birth can be an important predictor of eventual practice location as family medicine and internal medicine providers tend to return to the region of their birth. This can provide important guidance and allow tailored programs that are attempting to grow a diverse family medicine physician workforce.