

## The Crisis in Rural General Surgery

### Issues

The dramatic decline in the number of rural general surgeons in the U.S. since the early 1980s has precipitated a crisis in rural general surgery.<sup>1</sup> General surgeons are vital members of the rural health care system, performing emergency operations, underpinning the trauma care system, backing up primary care providers, reducing drive time for rural residents, and contributing to the financial viability of small hospitals.<sup>2-5</sup> Primary care providers are often unwilling to practice in a location without surgical backup. Without surgical services, small hospitals often fail, which reduces community employment, jeopardizes local health care and discourages businesses from locating in the community. Maintaining an ample supply of general surgeons is essential to meet the needs of our aging rural population.

### Evidence

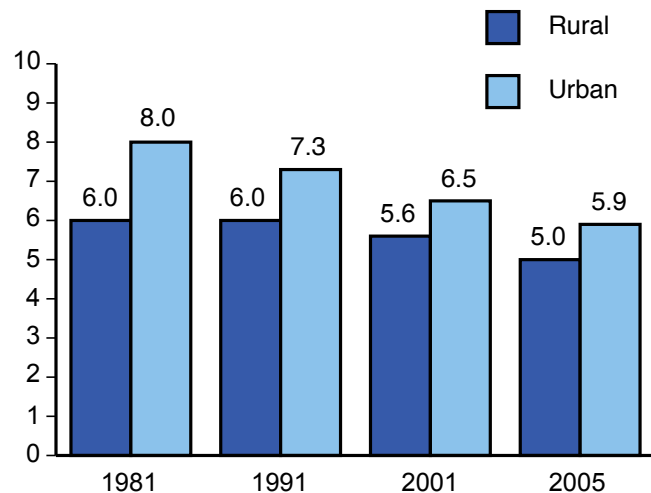
- Between 1981 and 2005, the number of rural general surgeons per 100,000 population declined by 21%.
- In 2005, there were 5.0 general surgeons per 100,000 persons in rural areas compared with 5.9 in urban areas.<sup>1</sup> This number was only 4.3 for small nonadjacent rural counties.
- The majority of rural general surgeons are approaching retirement age: 52.0% were aged between 50 and 62 in 2005.<sup>1</sup>
- Women make up a larger proportion of the rural general surgery workforce: their proportion rose from 1.0% in 1981 to 8.9% in 2005.

### Potential Solutions

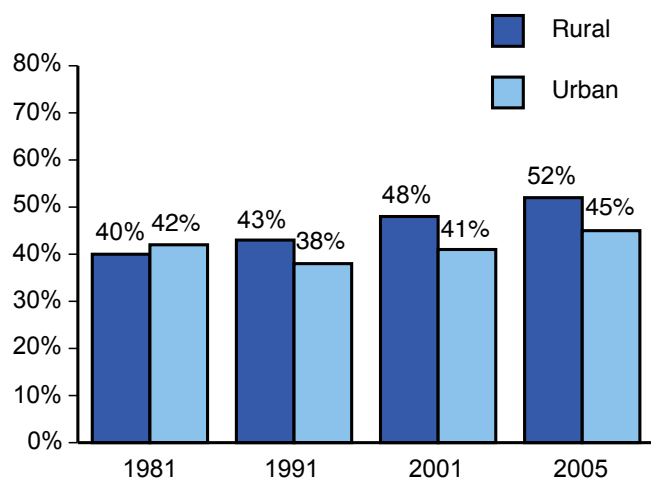
The following strategies could help avert the decline in the supply of rural general surgeons:

- Admit medical students likely to choose rural careers, such as those from rural locations.
- Focus medical school expansion efforts upon the shortage of rural physicians.
- Support rural general surgery programs and divisions within medical schools and their roles in teaching and mentoring trainees.
- Expand rural experiences during medical education, such as rural surgery training tracks.
- Provide broad skills to general surgery residents interested in rural careers, including the ability to perform orthopedic, gynecologic, and obstetrical procedures.
- Consider lifting the current cap on graduate medical education training positions for residency programs that produce rural physicians.

Number of Rural and Urban General Surgeons Per 100,000 Population, 1981-2005



Percentage of Rural and Urban General Surgeons Nearing Retirement Age (50-62 Years)



- Support programs, e.g., loan repayment, to help students manage educational debt levels.
- Increase reimbursement for general surgeons, especially those in rural and underserved settings.

## References

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