HRSA Health Workforce

Teaching Health Center Graduate Medical Education Program

Academic Year 2024-2025

The Health Resources and Services Administration (HRSA) is the primary federal agency for improving health care to people who are geographically isolated or economically or medically vulnerable. HRSA programs help those in need of high-quality primary health care by supporting the training of health professionals – focusing on the geographical distribution of providers to areas where they are needed most.

The Teaching Health Center Graduate Medical Education (THCGME) program bolsters the primary care workforce through support for new and expanded primary care physician and dental residency programs, as well as improves the distribution of this workforce into needed areas through an emphasis on underserved communities and populations. In addition to increasing the number of primary care residents training in community-based patient care settings, the THCGME program seeks to increase health care quality and overall access to care.

This report summarizes the outcomes of grantee programs and residents who received THCGME support during the most recent academic year. It also presents select multi-year outcomes for the program.

Select THCGME Program Characteristics

During AY 2024-2025, THCGME supported 88 residency programs across seven primary care specialty areas (Table 1). The program supported 1,254 primary care residents, 25% of whom reported a disadvantaged background and 22% a rural background.

Table 1. THCGME Programs and Trainees by Specialty, AY 2024-2025

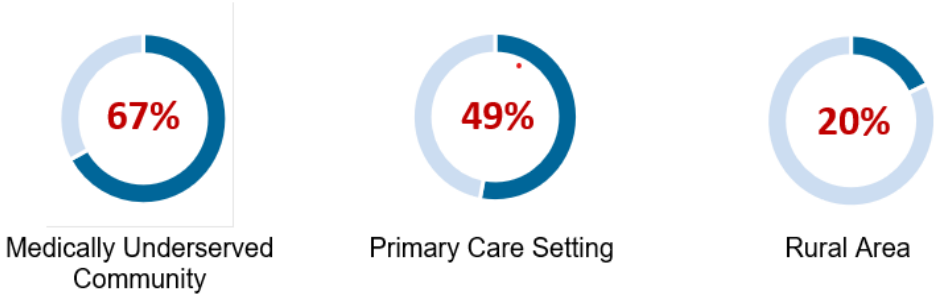
Specialty	Supported Residency Programs	Residents in Training	Disadvantaged or Rural Residents	Residents Graduated
Family Medicine	54	753	330	233
Internal Medicine	12	287	60	82
Psychiatry	11	100	29	14
Pediatrics	4	64	18	19
Obstetrics and Gynecology	3	31	11	4
General Dentistry	3	13	2	13
Geriatrics	1	6	2	4
TOTAL	**88**	**1,254**	**452**	**369**

During this period, 369 residents graduated from their residency program, producing 356 new primary care physicians and 13 new dentists.

Resident Training

THCGME trains residents in community-based and underserved settings, preparing them to provide care in these settings after completing their programs. To achieve this goal, THCGME residency programs collaborated with 779 training sites to provide clinical training experiences for residents in medically underserved communities,[1] primary care settings, and rural areas (Figure 1).

Figure 1. THCGME Clinical Training Site Settings, AY 2024-2025 (N=779)



Note: Training site settings are not mutually exclusive.

These training sites provide services that promote resident training in key programmatic topic areas. For example, 39% of sites offered telehealth services, 29% offered substance use treatment services, and 24% offered integrated behavioral health services.

THCGME-funded residency programs developed or enhanced 3,088 courses and training activities, impacting nearly 32,000 health care trainees. Frequent topics included evidence-based practice, primary care, and oral health.

Patient Care

During training, THCGME residents delivered patient care in primary care settings, medically underserved communities, and rural areas:[2]

- 99% of residents trained in a primary care setting, providing patient care during more than 610,000 patient encounters and accruing more than 630,000 patient contact hours.
- 99% of residents also trained in medically underserved communities and/or rural areas, where they provided nearly 1.5 million hours of patient care.

Select Program Outcomes

To evaluate long-term employment outcomes for THCGME, the National Center for Health Workforce Analysis analyzed data from 3090 program graduates across the life of the program. Present-day employment information was available for 2,924 graduates who completed their training during AY 2011-2025.[3] Results indicate 86% of graduates are currently working in a medically underserved community and 15% are working in a rural area up to thirteen years after completing THCGME. These findings demonstrate that THCGME is meeting its aim to improve the distribution of primary care

[1] A Medically Underserved Community (MUC) is a geographic location or population of individuals that is eligible for designation by a state and/or the federal government as a health professions shortage area, medically underserved area, and/or medically underserved population.
[2] Primary care settings, medically underserved communities, and rural areas are not mutually exclusive.
[3] U.S. Centers for Medicare & Medicaid Services. (November, 2025). National Plan & Provider Enumeration System (NPPES) NPI Registry. https://npiregistry.cms.hhs.gov/search

providers to underserved and rural communities and that the program has had a significant long-term impact.

Since the program began in 2011, THCGME's residents have provided nearly 7.1 million hours of patient care in primary care settings and over 12.1 million hours of patient care in rural and medically underserved communities, expanding access to care in these key settings. Further analysis from 2017, the first year patient counts were mandated in statute, demonstrated THCGME residents have treated nearly 6.4 million unique patients in nearly 10.5 million patient encounters across all settings. As THCGME residents are funded by HRSA over current physician training caps, these patients may not have been treated had this program not existed.

THCGME expands the supply of primary care physicians, an area of medicine experiencing national-level physician shortages—particularly in underserved areas—that are projected to increase.[4,5] During AY 2011-2025:

- THCGME produced 3,090 graduates, including 2,935 new primary care physicians and 155 new dentists (Table 2). Without the program's expansion beyond current training caps, these physicians and dentists may not have entered the workforce.[6]
- The program supported 1% of all primary care graduates and 3% of all graduates specializing in family medicine nationwide.[7]
- The program reduced primary care provider shortages by an estimated 2.1% nationally (Table 2). Family medicine and internal medicine specialties saw larger estimated shortage reductions (4.6% and 3.3%, respectively).[5]

Table 2. THCGME Graduate Count and Estimated Provider Shortage Reduction, by Primary Care Specialty, AY 2011-2025 (N=3,090)

Specialty	Total Graduate Count	Estimated Provider Shortage Reduction
Family Medicine	1,895	4.6%
Internal Medicine	711	3.3%
Psychiatry	117	0.3%
Pediatrics	155	1.6%
Obstetrics and Gynecology	42	0.5%
General Dentistry	155	0.8%
Geriatrics	15	0.9%
TOTAL	**3,090**	**2.1%**

For more information, visit the website: bhw.hrsa.gov

[4] Health Resources and Services Administration. (Nov 2024). *State of the Primary Care Workforce*. U.S. Department of Health and Human Services. https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/state-of-the-primary-care-workforce-report-2024.pdf

[5] Health Resources and Services Administration. *Projected Supply and Demand of Healthcare Workers through 2038: Data Downloads*. U.S. Department of Health and Human Services. Note: Shortage reduction figures are estimates, which are based on projected supply and demand estimates for 2038. https://data.hrsa.gov/topics/health-workforce/nchwa/workforce-projections

[6] Government-funded resident slots are capped each year. THCGME residents funded by HRSA represent an expansion of resident training slots above and beyond the current cap.

[7] Accreditation Council for Graduate Medical Education. (Dec 2025). *Explore Public Data.* https://acgmecloud.org/analytics/explore-public-data/residents-fellows-data. Note: Calculation does not include AY 2024-2025; ACGME graduate counts for that year are not available until 2026.