COMPREHENSIVE WOMEN'S HEALTH CARE

A Career in Obstetrics and Gynecology

FOREWORD

A career in women's health care is extremely rewarding and gratifying. We are pleased that you are considering residency training in obstetrics and gynecology.

Many obstetrician-gynecologists provide medical care for women throughout their complete life cycle and, therefore, play a critical role as a life-long counselor. In the course of this relationship, obstetrician-gynecologists facilitate the prevention, diagnosis, and treatment of health-related issues. The obstetrics and gynecology specialty clearly presents a unique opportunity to provide primary, surgical, and reproductive health care services for women.

The diversity of the specialty of obstetrics and gynecology is apparent in all practice settings. Concerns ranging from acute and chronic medical conditions, to common aspects of behavioral problems, as well as the maintenance of health during pregnancy and the adoption of healthy lifestyles are addressed within the enduring physician-patient relationship. Operative gynecology, pregnancy and delivery, adolescent gynecology, contraception/family planning, infertility, endocrinology, urogynecology, and oncology are examples of the breadth of issues faced by the obstetrician-gynecologist.

Residency training in obstetrics and gynecology is four years in duration. Rotations during these four years will usually be divided between obstetrics, gynecology, gynecologic oncology, reproductive endocrinology and infertility, maternal fetal medicine, and female pelvic medicine and reconstructive surgery (urogynecology). Primary care, emergency medicine, ultrasound, minimally invasive surgery, and family planning may be taught as traditional rotations or electives within an individual residency's curriculum. Residents who wish to practice in sub-specialty areas may opt to continue on for additional fellowship training.

The purpose of this document is to review the various parameters that are important for a senior medical student to consider prior to committing to pursuing a residency in obstetrics and gynecology. Included in this guide are important statistics regarding work hours, match data and practice pattern information, as well as various settings in which one may choose to practice the delivery of women's health care.

POINTS TO CONSIDER

Competitiveness of Obstetrics and Gynecology Residencies

The number of US medical school graduates entering residency programs in obstetrics and gynecology peaked in 1988 (86.6% of spots filled by US medical school graduates). Since 1998, there has been a slow decline in both percentage of residency slots filled and percentage of spots filled by US medical school graduates. However, since 2006, interest seems to be on the rise again. In 2014, 1798 applicants applied for 1242 first-year residency positions. At the start of the Supplemental Offer and Acceptance Program (SOAP), there were only five unfilled ob-gyn categorical residency positions available for unmatched medical students. The National Resident Matching Program (NRMP) and Association of American Medical Colleges (AAMC) *Charting Outcomes in the Match* data from August 2011 designates obstetrics and gynecology as a moderately competitive field. This was based on the high ratio of US seniors ranking the specialty first to available positions, mean Step 1 scores, and number of programs listed on rank order list for matched seniors.

Work Hours

Studies reveal that the typical work week for the ob-gyn in private practice ranges from 41 to 60 hours, which is similar to that of other specialties of medicine. Great flexibility exists within this traditional framework. Depending upon the number of practice partners and the nature of the specific practice, time is available for family and personal needs. Many practices build in a day off each week. Other arrangements include job sharing, part-time practice, hospitalist (working in hospital only with limited on call responsibilities), ambulatory care only, gynecology only, military, public health, and administrative or academic positions.

Year	# positions	# filled	# filled US seniors	% filled US seniors	% filled
2014	1242	1237	950	76.5	99.4
2013	1259	944	1248	75	99.1
2012	1240	913	1223	73.6	98.6
2011	1205	893	1192	74.1	98.9
2010	1187	915	1182	77.1	99.6
2009	1185	879	1179	74.2	99.5
2008	1163	1151	838	72.1	99
2007	1155	1050	786	72.5	99.5
2006	1154	1066	743	72.4	97.9
2005	1144	1083	772	67.5	94.7
2004	1142	1130	835	65.1	93.3
2003	1151	1149	837	68.3	91.2
2002	1138	1067	850	74.7	93.8
2001	1125	1040	834	74.1	92.4
2000	1119	1031	840	75.1	92.1
1999	1127	1049	905	80.3	93.1
1998	1125	1075	928	82.5	95.6
1997	1157	1124	998	86.3	97.1
1996	1125	1090	958	86	96.9
1995	1146	1106	973	84.9	96.5
1994	1135	1120	962	84.8	98.7
1993	1139	1120	982	86.2	98.3
1992	1109	1071	945	85.2	96.6
1991	1080	1050	931	86.2	97.2
1990	1076	1044	925	86	97
1989	1061	1007	883	83.2	94.9
1988	1043	981	903	86.6	94.1
1987	1031	927	828	80.3	89.9
1986	1048	974	866	82.6	92.9
1985	1021	969	8428	81.1	94.9
1984	1014	979	844	83	97

TABLE 1: First-Year Residents in Obstetrics and Gynecology

Gender Make Up

Currently, more women than men are entering obstetrics and gynecology residencies. Medical students have expressed concerns that males may have difficulty as ob-gyns because female patients may not want to see a male ob-gyn, and that male students are no longer welcome or viable candidates for a residency and practice in ob-gyn. This is a myth; a recent survey in Medical Economics found that the majority of women want knowledgeable, skilled physicians with whom they can communicate and feel comfortable, regardless of gender. A 2008 survey of obstetrician-gynecologists indicated that the majority of ob-gyn physicians in the workforce are still male (Table 2). Additionally, surveys conducted by the Council on Resident Education in Obstetrics and Gynecology (CREOG) indicate that males do not have difficulty finding jobs post-residency and, in fact, earning power continues to favor male ob-gyns. Male students should not be discouraged from choosing obstetrics and gynecology as a career; there are numerous practice opportunities for competent clinicians of both sexes.

Gender	% of responses	Age	Years in practice	Years in current practice / position
Male	55.4	53.71	22.01	14.22
Female	44.6	44.19	12.15	7.85
Total	**100.0**	**49.45**	**17.59**	**11.37**

TABLE 2: Obstetrician-Gynecologist Gender, Age, and Years in Practice
**Data from 2008 ACOG Socioeconomic Survey of Fellows.*

Professional Liability Concerns

Across specialties, 7.4% physicians faced malpractice claims annually. This ranged from 2.6% in psychiatry to 19.1% for neurosurgery with 11% of obstetrician-gynecologists reporting malpractice claims filed against them.[1] Obstetrics and gynecology rates as the 7th highest specialty out of 24 reporting on number of claims filed. Although every obstetrician-gynecologist can be expected to be sued at least two times during his or her career, various states and medical organizations have implemented programs, such as birth injury funds, caps on claims and expert witness panels, in order to curtail the impact of professional liability.

Types of Practice Settings

Women's health care encompasses a wide range of clinical, academic, and research endeavors within the specialty of obstetrics and gynecology. For many medical students, the principal obstetrician-gynecologist role model has been a full-time faculty member in an academic setting. However, this is only a small part of the picture, comprising approximately less than 10% of those who practice within the specialty. There are diverse career practice patterns within ob-gyn. Most obstetrician-gynecologists are in general private practice (Table 3). Currently, there are a growing number of obstetrician-gynecologists working in positions as hospital employed physicians, often referred to as laborists or hospitalists.

Private Practice

Most of the physicians who complete residency training in obstetrics and gynecology enter a single-specialty group practice. Data from the 2008 ACOG Socioeconomic Survey of Fellows indicate that one-fourth of practicing physicians work in solo private practice. This likely reflects more senior established attending physicians. Solo practice is becoming a limited approach to health care provision in this era of health care. Younger physicians are looking for and finding careers with opportunities for improved work-life balance. Practice patterns do vary according to local needs and tend to funnel new obstetrician-gynecologists into established group practices.

Practice Type	Valid Percent
Solo	23.6
Single specialty	27.1
Multispecialty	9.3
Salaried employee private practice	11.2
Salaried employee HMO	2.4
Salaried employee hospital	11.9
Salaried employee med school	8.8
Salaried employee state or local gov	.6
Salaried employee federal gov	.9
Military	1.8
Other	2.3
Total	**100.0**

TABLE 3: Practice Type Reported by Survey of Obstetrician-Gynecologists in Practice in the US
**Data from 2008 ACOG Socioeconomic Survey of Fellows.*

The general obstetrician-gynecologist in practice can serve as a consultant and as a primary care physician. There is probably no "average" day in the life of the obstetrician-gynecologist, because schedules vary depending upon the number of partners and the nature of specific practice requirements. Recent studies have revealed that the typical workweek for the obstetrician-gynecologist in private practice ranges from 41 to 60 hours, with 47 weeks out of the year devoted to practice. Additionally, two or three evenings per month for medical societies, committees, and other medically-related activities can be anticipated. The majority of these private practice physicians report approximately 50-99 patient contacts in a typical week (80% seen primarily in the office and 20% in the hospital). Although the specialty encompasses women of a wide age range, nearly 80% are 15-45 years old.

Many obstetrician-gynecologists in private practice maintain teaching positions as members of clinical faculty. Such teaching assignments range from maintaining daily contact with students and residents to attending regularly scheduled clinics, rounds, or operating room assignments. Most clinical faculty members consider their personal enrichment from such contacts to be equal to that of the students or residents. In addition, there are some physicians who limit their private practice to a particular facet of obstetrics and gynecology. Subspecialty fellowships in obstetrics and gynecology can include advanced training in maternal-fetal medicine, reproductive endocrinology and infertility, pediatric and adolescent gynecology, gynecologic oncology, minimally invasive surgery, urogynecology (female pelvic medicine and reconstructive surgery), global women's health and family planning.

Private practice usually offers the widest latitude in selecting a lifestyle or practice mode suited to an individual's specific needs. Among other factors that add to the "satisfaction index" achieved by obstetrician-gynecologists are the long-term relationships with patients, the opportunity to practice preventive medicine, and the challenge of providing a diversity of health care that encompasses a wide spectrum.

Health Maintenance Organizations (HMO)

Many certified obstetrician-gynecologists participate in prepaid managed care plans, such as HMOs and preferred provider organizations (PPOs). Health maintenance organizations are organized

systems providing comprehensive health care to a voluntary enrolled consumer at a fixed premium (capitation). Preferred provider organizations agree to offer discounted flat rates or specific charges to a company or group. The company in turn agrees to channel patients to PPOs. The growing influence of HMOs, PPOs, and other third-party payers means doctors are no longer the sole decision makers in health care provision.

Advantages to joining prepaid groups are the potential for a rapid build up of patients referred for care. The obstetrician-gynecologist also may have the option of accepting HMO and PPO patients into his or her own private practice base, or joining the staff of a specific managed care organization and working exclusively for that particular health care delivery system. The physician would then be in a salaried position with set hours and responsibilities. This option also may be attractive to those physicians who desire a delineated work schedule and may be more consistent with a physician's goal of finding a balanced lifestyle.

Hospital Employed

The work models for the obstetric-gynecologic hospitalist and the obstetric laborist are gaining popularity in hospitals across the nation. These models are timely solutions to the challenging demands of the general practice of obstetrics and gynecology and provide additional benefits of both flexible and predictable work schedules, guaranteed time off, liability premium coverage and decreased pressures of running a private office.

The term hospitalist refers to physicians whose primary professional focus is the general medical care of hospitalized patients. Their activities may include patient care, teaching, research, and leadership related to hospital care. Hospitalists help manage the continuum of patient care in the hospital, often seeing patients in the emergency department, following them into the critical care unit, and organizing postacute care. Laborist refers to an obstetrician-gynecologist who is employed by a hospital or physician group and whose primary role is to care for laboring patients and to manage obstetric emergencies. Responsibilities may be broad or narrow in focus, and can range from admitting and providing care for low-risk patients in early labor to delivering babies of all patients for a group specializing in maternal-fetal medicine.[2]

Academics

Nine percent of all board-certified obstetrician-gynecologists are full-time medical school faculty members, many of whom are certified in one of the ob-gyn subspecialties. Responsibilities of full-time faculty members include teaching of medical students and house staff, direct patient care, research and administration.

Teaching new physicians is an exciting challenge. There is a long-standing tradition of teaching at the "bedside" in obstetrics and gynecology by practicing obstetrician-gynecologists. Clinical education by full-time faculty members takes place at both the undergraduate and the graduate medical education levels. Care of referred patients with complicated problems is an important component of academic medicine. Faculty physicians with particular expertise may choose to limit the range of patient problems they manage.

Academic medicine is a unique discipline with its own standard of rewards that differentiates it from private practice. Financial rewards tend to be less, although they are more competitive now than they were previously. An academic department that functions in a complex medical school or community hospital environment thrives on strong teamwork and a commitment to the common good. In this regard, with the increase in managed care consolidation, it is not dissimilar to a health maintenance organization (HMO) or group private practice setting. Nevertheless, for those obstetrician-gynecologists strongly motivated to add research and teaching to patient care responsibilities, an academic career should be considered carefully.

Public and Community Health

Obstetrics and gynecology has assumed a leading role in preventive medicine and public health. Examples of widely-used preventive health services include prenatal care, detection of sexually transmitted diseases, Pap test screening and family planning. In public health, the patient is the community, which can vary from towns, states, to global communities. Examples include programs to improve health disparities in the incidence, prevalence, mortality, and burden of diseases, and other adverse health conditions that exist among specific population groups.

At the city, county, state, and international levels, obstetrician-gynecologists work as planners, consultants, and administrators in health agencies. Opportunities may include direct patient care or academic appointments at teaching hospitals or schools of public health.

At the federal level, obstetrician-gynecologists function in a wide variety of health care enterprises such as the Centers for Disease Control and Prevention. Others provide direct patient care to Native Americans through the Indian Health Service or work in underserved areas through the National Health Service Corps. Still others coordinate delivery of maternal and child health and family planning services through the Maternal and Child Health Bureau. At the international level, obstetrician-gynecologists play an important role in planning and implementing maternal and child health and family planning services. Thus, through research, patient care, administration, and consultation, obstetrician-gynecologists in public health services are helping to improve the health of women, children, and families in the United States and throughout the world. Although not strictly public health service, other obstetrician-gynecologists elect to practice while serving in one of the branches of the armed forces where a broad range of practice activities is available.

Lastly, the student should remember that obstetrics and gynecology is arguably the most socially involved and socially exciting specialty that one can choose. Practicing obstetrician-gynecologists must feel comfortable discussing sensitive topics and making timely clinical decisions. Issues such as screening trends, genetic counseling, contraception, population control, comprehensive women's health care, sexuality, abortion, assisted reproduction, global health and cancer continually keep the specialty as "front page news."

It's time to make the important decision that will determine the course of your future practice. What medical specialty will you choose for your postgraduate training? As a student of medicine, you must carefully examine your personal interests and goals in making this commitment to postgraduate education and choice of career. We hope this information will assist you in preparing for an exciting career in obstetrics and gynecology.

References: [1] Anupam B. Jena, M.D., Ph.D., Seth Seabury, Ph.D., Darius Lakdawalla, Ph.D., and Amitabh Chandra, Ph.D. N Engl J Med. Aug 18, 2011; 365(7): 629–636. Malpractice Risk According to Physician Specialty

[2] ACOG Committee Opinion, Number 459. Reaffirmed 2012

Updated by the 2014-2016 Undergraduate Medical Education Committee

Comprehensive Women's Health Care: A Career in Obstetrics and Gynecology was revised and updated by the 2014-2016 APGO Undergraduate Medical Education Committee (UMEC).

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This monograph provides a comprehensive overview of information relating to selecting a career in obstetrics and gynecology (ob-gyn).

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