

Hospital Privileges for Family Physicians

Patterns of Recent Residency Graduates, Residency Director Perceptions, and Resident Expectations

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A national mail survey was performed that examined reports of recent residency graduates about hospital privileges for family physicians, perceptions of residency program directors about the percentage of their graduates who obtain privileges, and plans of third-year residents for seeking privileges. Privileges in medicine, pediatrics, surgery, obstetrics, and coronary care/intensive care units (CCU/ICU) were examined. Questionnaires were mailed to a random sample of 308 residency graduates aged 30 to 35 years, all 383 family practice residency directors, and a random sample of 319 third-year residents. Two mailings produced an 82 percent response rate. Most recent graduates had privileges in medicine (97 percent), pediatrics (95 percent), and CCU/ICU (87 percent). A majority (64 percent) had obstetric privileges, and a minority (36 percent) had surgical privileges. Directors were accurate in their perceptions of privileges attained by graduates in medicine, pediatrics, and CCU/ICU, but underestimated the percentage who had privileges in surgery and overestimated the percentage who had privileges in obstetrics. Residents planned on seeking privileges in medicine, pediatrics, and obstetrics at a rate similar to recent graduates, with lower percentages planning on seeking them in surgery and CCU/ICU. Privileges in surgery and obstetrics were more prevalent in the Midwest and West.

Past studies have described hospital privileges of family physicians in groups,¹ states,^{2,3} regions,^{4,5} and nationally.⁶ These reports show that most family physicians have privileges in at least one hospital. Earlier research⁷ noted that few family physicians were dissatisfied with their privileges. In the 1980s, however, there has been rising concern about the difficulty of obtaining hospital privileges by family physicians. Many reports document problems in obtaining privileges for general adult inpatient care,⁸ surgery,⁹ critical care,¹⁰ and obstetrics.¹¹

With this increasing concern about obtaining privileges arises the question as to the role of residency training in obtaining privileges. Past investigations focus upon practicing physicians and do not consider the expectations

about obtaining privileges held by residents or the perceptions of residency directors about attainment of privileges by graduates of their programs. This study compares recent graduate experiences, residency director perceptions, and resident expectations regarding obtaining hospital privileges in five areas.

METHODS

A questionnaire was developed to examine hospital privileges for family physicians and was pretested on a small sample of family physicians and family practice residents. Three parallel versions were developed, asking similar questions modified to fit the situations of (1) recent residency graduates, (2) program directors, and (3) third-year residents. Recent graduates were asked whether they had privileges in medicine, pediatrics, surgery, obstetrics, and CCU/ICU. Program directors were asked to estimate the percentage of their graduates that had privileges in these areas: most (more than 75 percent), some (25 to 75 per-

Submitted, revised, January 27, 1988.

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TABLE 1. SAMPLE CHARACTERISTICS OF SURVEY RESPONDENTS

| Characteristic | Recent Graduates (n = 242) Percent | Program Directors (n = 342) Percent | Residents (n = 240) Percent |
|-----------------------------------|--|---|-----------------------------------|
| Sex | | | |
| Male | 88.4 | 94.7 | 77.9 |
| Age (mean years) | 32.7 | 46.8 | 30.3 |
| Residency region* | | | |
| Northeast | 16.8 | 21.3 (20)** | 17.2 (18) |
| South | 40.6 | 31.5 (33) | 33.1 (33) |
| Midwest | 29.5 | 31.5 (31) | 35.1 (32) |
| West | 13.1 | 15.7 (16) | 14.6 (17) |
| Type of program | | | |
| University | 18.9 | 15.3 (17) | 14.3 (21) |
| Community-university administered | 14.3 | 17.9 (15) | 11.3 (15) |
| Community-university affiliated | 51.7 | 55.6 (54) | 57.1 (51) |
| Community-unaffiliated | 10.1 | 7.1 (10) | 13.9 (8) |
| Military | 5.0 | 4.1 (4) | 3.5 (5) |
| Practice region* | | | |
| Northeast | 13.6 | | |
| South | 40.5 | | |
| Midwest | 25.2 | | |
| West | 20.7 | | |
| Practice location | | | |
| Rural | 21.7 | | |
| Small town | 32.1 | | |
| Suburban | 22.9 | | |
| Urban | 23.3 | | |

* Grouped by state into Census Bureau Regions
** Numbers in parentheses indicate the national percentages as calculated from the 1986 Directory of Family Practice Residencies

cent), few (less than 25 percent), or none. Residents were asked whether they would seek privileges in these areas.

All three groups provided their sex, age, state where their residency program was located, and type of residency program (university, community [university administered, university affiliated, or nonaffiliated], or military). Program directors indicated how long they had directed the program. Recent graduates were asked the year they completed their residency, the state where they currently practiced, and the size of the community they served. States were grouped for analysis into the four US Census Bureau geographical regions: Northeast, South, Midwest, and West.¹²

The sample included three groups of family physicians. The first group was a random national sample of 308 residency program graduates aged 30 to 35 years who graduated from their residencies from 1977 through 1985. The second group included all 383 family practice residency program directors in the United States. The third group was a random national sample of 319 third-year family practice residents (class of 1985-86), who represent 13.2 percent of all third-year residents of that year. All samples were drawn from the master database of the

American Academy of Family Physicians (AAFP). One follow-up mailing to nonrespondents was done. The final response rates were recent graduates 79 percent, residency directors 89 percent, and third-year residents 75 percent, for an overall response rate of 82 percent. Data were analyzed using chi-square as a measure of significance.¹³

RESULTS

The demographics of the groups (Table 1) are representative of recent graduates of family practice residencies, program directors of family practice residencies, and third-year residents in family practice in terms of sex, residency region, and type of program.¹⁴

Hospital privilege comparisons between the groups are presented for five different areas in Table 2. Hospital privileges for recent graduates represent those who have privileges in the above areas. Hospital privileges for program directors represent their estimate of the percentage of their graduates who obtain privileges in these areas. Hospital privileges for residents represent those who plan on applying for privileges in these areas.

TABLE 2. PERCENTAGE OF RESPONDENTS WITH HOSPITAL PRIVILEGES BY GROUP

| Privileges | Recent Graduates* (n = 246) | Program Directors** (n = 344) | Residents*** (n = 240) |
|------------|-----------------------------|-------------------------------|------------------------|
| Medicine | 97.1 | 99.1 | 97.5 |
| Pediatrics | 94.9 | 95.7 | 96.2 |
| Surgery | 36.4 | 25.1 | 26.9 |
| Obstetrics | 63.7 | 48.2 | 56.2 |
| CCU/ICU | 87.3 | 66.2 | 78.5 |

* For recent graduates, hospital privileges represents those who have privileges in the above areas

** For program directors, hospital privileges represents those who believe more than 75% of their graduates obtain privileges in the above areas

*** For residents, hospital privileges represents those who plan on applying for privileges in the above areas

CCU/ICU—coronary care unit/intensive care unit

TABLE 3. PERCENTAGE OF HOSPITAL PRIVILEGES GAINED OR SOUGHT BY SURVEY RESPONDENTS

| Privileges | Graduates* 1977-1981 (n = 75) | Graduates 1982-1985 (n = 153) | Residents** (n = 240) |
|------------|-------------------------------|-------------------------------|-----------------------|
| Medicine | 98.6 | 96.1 | 97.5 |
| Pediatrics | 98.6 | 94.0 | 96.2 |
| Surgery*** | 48.6 | 31.5 | 26.9 |
| Obstetrics | 58.3 | 67.6 | 56.2 |
| CCU/ICU† | 90.3 | 86.7 | 78.5 |

* For recent graduates, hospital privileges represents those who have privileges in the above areas

** For residents, hospital privileges represents those who plan on applying for privileges in the above areas

*** P < .01, chi-square

† P < .05, chi-square

CCU/ICU—coronary care unit/intensive care unit

In medicine, hospital privileges are almost universally obtained by recent graduates, nearly all program directors believe more than 75 percent of their graduates obtain these privileges, and almost all third-year residents plan on applying for them. In pediatrics the situation is similar.

In surgery, over one third of recent graduates have hospital privileges and more than one quarter of third-year residents plan on applying for privileges in this area. This difference between recent graduates and third-year residents was significant (P < .04). The majority of directors believe few (<25 percent) or none of their graduates obtain these privileges.

Regarding obstetrics, almost two thirds of recent graduates have privileges, and 56 percent of graduating residents planned on applying for these privileges. This difference in percentage was not significant. About one half of the program directors felt that most (>75 percent) of their residents obtain obstetrical privileges.

Concerning CCU/ICU, 87 percent of recent graduates had privileges, but only 78 percent of residents planned on applying for privileges. This difference was significant (P < .01). Two thirds (66 percent) of directors believed that most (>75 percent) of their graduates get CCU/ICU privileges.

When graduates were divided into two groups, those finishing their residencies from 1977 to 1981 and those completing their residencies from 1982 to 1985, there was a significant decrease in the percentage of those with privileges in surgery for the most recent graduates (P < .05). The hospital privileges of these two groups of graduates were compared with the privileges the residents planned on applying for (Table 3). Of the first group of graduates, 48.6 percent had privileges in surgery compared with 31.5 percent of the second group. Only 26.9 percent of the residents planned on applying for these privileges. This trend was significant (P < .01). A similar trend was ob-

served in CCU/ICU privileges, where 90.3 percent of the first group and 86.7 percent of the second group of graduates have privileges, and 78.5 percent of the residents planned on applying for them (P < .05).

The only difference by sex was that male third-year residents were more likely to apply for privileges in CCU/ICU (82 percent) compared with female residents (67 percent). This difference was significant (P < .05).

The region of the country in which the residency was located made no significant difference for privileges in medicine and CCU/ICU for any of the three groups (Table 4). While there were no regional differences in pediatric privileges for recent graduates and residency directors, residents about to complete programs located in the Northeast were significantly less likely to plan on applying for privileges (P < .05). For surgery and obstetrics, recent graduates were less likely to have privileges (P < .05), residents were less likely to plan on applying for privileges (P < .001), and residency directors believed fewer of their graduates had privileges (P < .001) if their residency was in the Northeast and South compared with those in the Midwest and West.

Regarding the type of residency program (university, community, military, etc) where these physicians completed their training, are completing their training, or are the directors, there were no significant privilege differences for medicine or pediatrics. In surgery graduates of military programs were more likely to have privileges (P < .01), while there were no significant differences for directors or residents of military programs. In obstetrics graduates of programs based in community hospitals without university affiliation were significantly less likely to have privileges (P < .05). Similarly in CCU/ICU the residents in university and military programs were less likely to plan on applying for privileges (P < .001).

Recent graduates practicing in the Midwest and West

TABLE 4. PERCENTAGE OF HOSPITAL PRIVILEGES BY REGION OF COUNTRY IN WHICH RESIDENCY IS LOCATED BY GROUP

| Privileges | Recent Graduates* Region | | | | Program Directors** Region | | | | Residents*** Region | | | |
|------------|-----------------------------|-----|----|-----|-------------------------------|-----|----|-----|------------------------|-----|----|----|
| | NE | S | MW | W | NE | S | MW | W | NE | S | MW | W |
| Medicine | 98 | 95 | 99 | 100 | 99 | 99 | 99 | 100 | 95 | 98 | 99 | 97 |
| Pediatrics | 93 | 93 | 97 | 100 | 94 | 92 | 98 | 100 | 87† | 97 | 99 | 97 |
| Surgery | 20† | 34† | 44 | 52 | 19‡ | 15‡ | 39 | 26 | 17‡ | 15‡ | 42 | 31 |
| Obstetrics | 42† | 55† | 83 | 79 | 27‡ | 37‡ | 73 | 48 | 38‡ | 37‡ | 80 | 64 |
| CCU/ICU | 85 | 88 | 90 | 83 | 65 | 61 | 75 | 58 | 82 | 74 | 84 | 74 |

* For recent graduates hospital privileges represents the percentage who have privileges in the above areas

** For program directors hospital privileges represents the percentage who believe more than 75% of their graduates obtain privileges in the above areas

*** For residents hospital privileges represents the percentage who plan on applying for privileges in the above areas

† $P < .05$, chi-square

‡ $P < .001$, chi-square

CCU/ICU—coronary care unit/intensive care unit

were more likely to have privileges in surgery and obstetrics ($P < .01$). There were no other significant differences by region of the country in which the graduate practiced. The only difference in privileges regarding urban and rural practice was that those practicing in urban areas were less likely to have surgical privileges ($P < .05$).

DISCUSSION

Obtaining hospital privileges for family physicians has become a controversial issue. The findings of this study about the frequency of hospital privileges for graduates of family practice programs are representative of previous studies in this area.¹⁻⁶ Almost all recent graduates report having privileges in medicine, pediatrics, and CCU/ICU, while two thirds have privileges in obstetrics, and one third in surgery. The situation in obstetrics is likely to change in the near future because of rising malpractice premiums, and there is recent documentation of declining numbers of family physicians providing obstetrical care.¹⁵

Program directors perceive that the vast majority of their graduates will obtain privileges in medicine, pediatrics, and CCU/ICU similar to the actual percentage of graduates who have these privileges. Their estimates, however, do not coincide with the data obtained from recent graduates in two areas. Directors underestimated the percentage of graduates who obtain privileges in surgery and overestimated the percentage with privileges in obstetrics. These misperceptions may influence directors' emphasis on training residents in these areas. A number of family practice programs have published follow-up studies of their graduates, obtaining data concerning hospital privileges obtained by their graduates.¹⁶⁻²⁰ It would be beneficial for all program directors to survey their graduates periodically regarding type of practice, hospital privileges, and so on, as such a survey would enable them

to alter their curriculum to best suit the training needs of their graduates in practice.

Almost all the residents intend to apply for privileges in medicine and pediatrics. The percentage who plan on seeking privileges in surgery and CCU/ICU is significantly less than the percentage of recent graduates who have privileges in these areas. When graduates were divided into two groups based on how recently they completed their residencies, a significant decrease in the percentage of those with privileges in surgery was observed. When the percentage of residents planning on seeking privileges in surgery and CCU/ICU was compared with the percentage of the two groups of recent graduates who had privileges in these areas, a significant trend was seen regarding privileges in surgery and CCU/ICU. The data in this study suggest that residents will follow in the footsteps of their counterparts from previous resident cohorts in applying for medicine, pediatric, and obstetrical privileges, with a possible decline in the number of family physicians seeking privileges in surgery and CCU/ICU.

Regional patterns in privileges that have been discussed in other studies⁶ also emerge from these data. An emphasis on both obstetrical and surgical privileges clearly existed for programs and physicians in the Midwest and West. Medical students applying for family practice residencies who are interested in obstetrics and surgery might do well to enter a program in the Midwest or West or later practice in those areas.

The lack of differences in privileges by type of program was surprising. Graduates of military programs were more likely to have privileges in surgery and graduates of programs at community hospitals without university affiliation were less likely to do obstetrics, but otherwise all types of programs were similar in the proportion of privileges attained by their graduates and the perception of their directors about their graduates. Residents completing military and university programs were less likely to plan

on seeking privileges in CCU/ICU, which may have to do with their relative lack of role models in intensive care units.¹⁰

This study has several limitations. Only recent graduates were examined, and those in practice longer may have different privileges, as may older non-residency-trained general practitioners. The apparent misperceptions of the directors might be due to their basing their estimates on the experience of graduates from all years, while only graduates from 1977 through 1985 were sampled in this study. Data on graduates' privileges were self-reported and may be subject to reporting bias. Another confounding factor may be variations in the level of privileges, ie, a hospital may grant surgical privileges to surgeons only, but family physicians may first assist, so privileges in surgery may have meant different things to different respondents. The 82 percent response rate, although better than most mail surveys of physicians,²¹ still leaves some physicians unrepresented.

Because of the significance of the topic to medical practice, there is sure to be a great deal of research in the future on privileges for family physicians. In light of the differences between the perceptions of directors and experiences of recent graduates, it would be valuable to see how that issue influences curriculum in residency programs. Only third-year residents were examined in this study, and the changing perceptions of residents over the course of their training regarding privileges and plans for obtaining them should be explored. Additionally, as more family physicians begin to work for health maintenance organizations, it will be interesting to see whether greater emphasis is placed on family physicians as providers of outpatient care only. Attempts to limit family physicians' presence in hospitals must be carefully documented.

In conclusion, most recent residency graduates in this study had privileges in medicine, pediatrics, and CCU/ICU, with a majority in obstetrics, and a minority in surgery. Residency program directors were accurate in their perceptions of privileges held by their graduates in medicine, pediatrics, and CCU/ICU, but they underestimated the percentage who had privileges in surgery and overestimated the percentage in obstetrics. Third-year residents planned on seeking privileges at a rate similar to that of recent graduates in medicine, pediatrics, and obstetrics, with lower percentages planning on seeking them in the surgery and CCU/ICU. The programs in the Midwest and West were more likely to produce residents with privileges in surgery and obstetrics, but there were few other consistent demographic patterns.

These findings should encourage residency directors to examine more actively the privilege patterns of their graduates and to consider that information in curriculum planning. Additional research on hospital privileges for family physicians is definitely needed.

Acknowledgment

This paper was supported in part by the Department of Family Medicine, the University of Maryland School of Medicine, under grant No. 2D32PE13000, and the US Department of Health and Human Services. Bruce DeForge provided assistance in data processing and computer analysis.

References

1. Slabaugh RC, Gingiewicz M, Babineau RA: The hospital work of a family practice group in a medium size community in New England. *J Fam Pract* 1980; 11:287-297
2. Warburton SW Jr, Sadler GR: Family physician hospital privileges in New Jersey. *J Fam Pract* 1978; 7:1019-1026
3. Warburton SW, Bobula JA, Wolff GT: Hospital privileges of family physicians in North Carolina. *J Fam Pract* 1981; 12:725-728
4. Hansen DV, Sundwall DN, Kane RL: Hospital privileges for family physicians. *J Fam Pract* 1977; 5:805-809
5. Sundwall DN, Hansen DV: Hospital privileges for family physicians: A comparative study between the New England states and the Intermountain states. *J Fam Pract* 1979; 9:885-894
6. Clinton C, Schmittling G, Stern TL, Black RR: Hospital privileges for family physicians: A national study of office based members of the American Academy of Family Physicians. *J Fam Pract* 1981; 13:361-371
7. Mechanic D: The organization of medical practice and practice orientations among physicians in prepaid and nonprepaid primary care settings. *Med Care* 1975; 13:189-204
8. Weiss BD: Hospital privileges for family physicians at university hospitals. *J Fam Pract* 1984; 18:747-753
9. Marien MW: The surgical role of family physicians. *Am J Public Health* 1982; 72:1359-1363
10. Weiss BD: Family physicians in university hospital intensive care units. *J Fam Pract* 1983; 17:693-696
11. Stern TL, Schmittling G, Clinton C, Black RR: Hospital privileges for graduates of family practice residency programs. *J Fam Pract* 1981; 13:1013-1020
12. Statistical Abstract of the United States 1986, ed 106. Bureau of the Census. Government Printing Office, 1986
13. Norusis MJ: SPSS PC+. Chicago, SPSS, 1986
14. 1986 Directory of Family Practice Residency Programs. Kansas City, Mo, American Academy of Family Physicians, 1986
15. Weiss BD: The effect of malpractice insurance costs on family physicians' hospital practices. *J Fam Pract* 1986; 23:55-58
16. Ciriacy EW, Bland CJ, Stoller JE, Prestwood JS: Graduate follow-up in the University of Minnesota affiliated hospitals residency training program in family practice and community health. *J Fam Pract* 1980; 11:719-730
17. Mayo F, Wood M, Marsland DW, et al: Graduate follow-up in the Medical College of Virginia/Virginia Commonwealth University family practice residency system. *J Fam Pract* 1980; 11:731-742
18. Geyman JP, Cherkin DC, Deisher JB, Gordon MJ: Graduate follow-up in the University of Washington family practice residency network. *J Fam Pract* 1980; 11:743-752
19. Hecht RC, Farrell JG: Graduate follow-up in the University of Wisconsin family practice residency programs. *J Fam Pract* 1982; 14:549-555
20. Gaede GL, Brownlee HJ Jr, Gayson RS, Bryant EE: Graduate follow-up in the US Air Force family practice residency programs. *J Fam Pract* 1984; 17:1057-1063
21. Shostek H, Fairweather WR: Physician response rates to mail and personal interview surveys. *Public Opinion Q* 1979; 43:206-217