

Nevada Health Authority Introduction

Stacie Weeks, Director



September 26, 2025



2025 Session

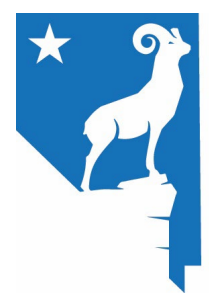
“This new authority will help Nevada capitalize on its **strong purchasing power** when it comes to health insurance and get a better deal for taxpayers, all while offering **better insurance options** for eligible Nevadans.”

- Governor Joe Lombardo



What Makes Up NVHA?





Our Vision & Mission

Vision

A healthy, thriving Nevada where health care is affordable and reliable for all.

Mission

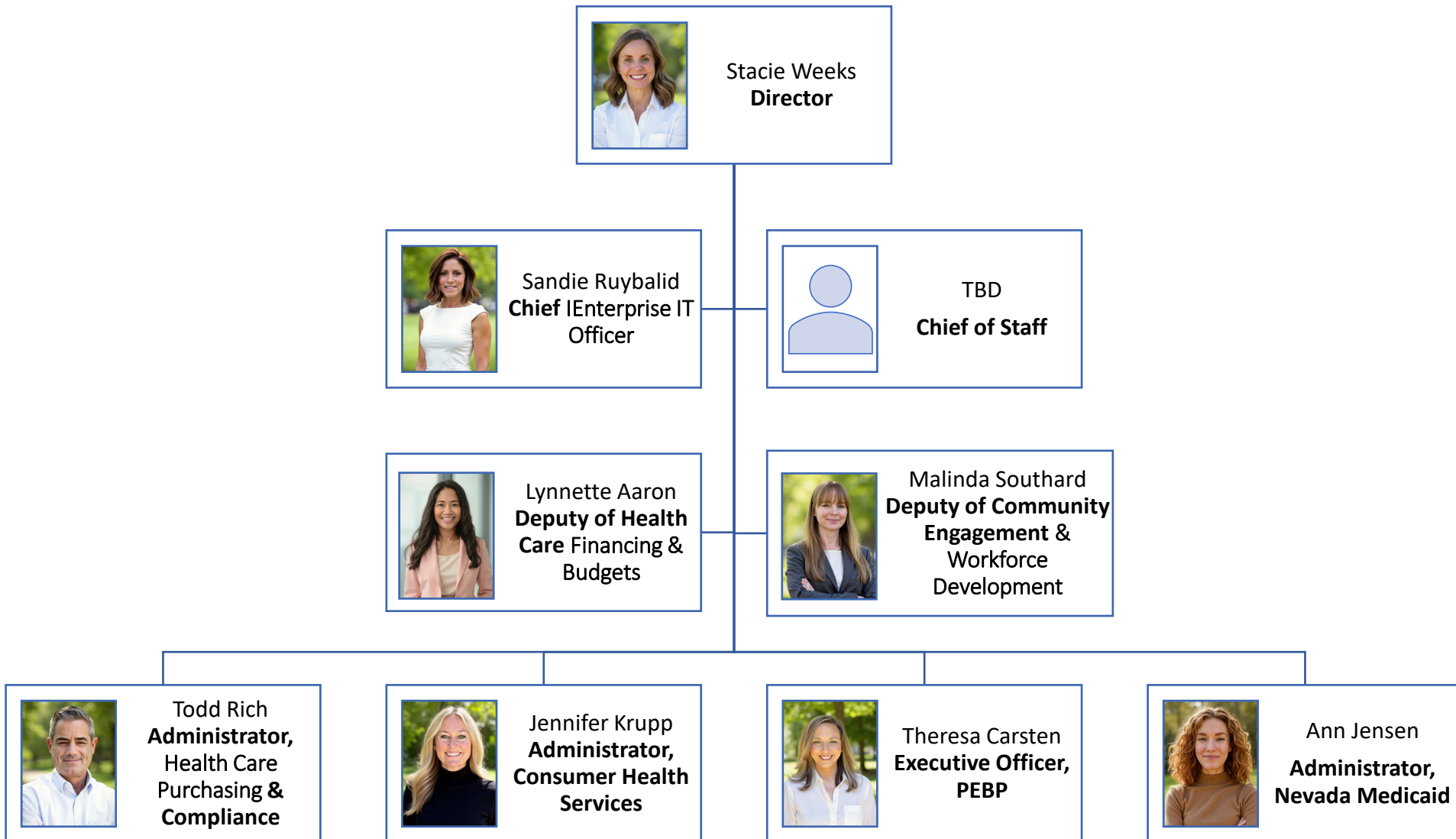
To ensure Nevadans have access to affordable, reliable care by leveraging the state's buying power, streamlining programs and services, and driving better quality and more innovation in the health care system.

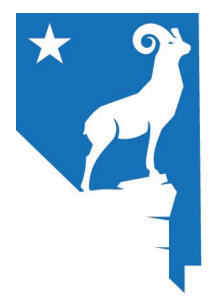
Values

Public service, fiscal discipline, and accountable leadership



The Executive Leadership Team



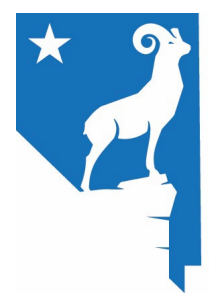


Strategic Goals & Guideposts

Our Goals to Achieve Our Mission

1. Improve state's performance on key health indicators
2. Increase the financial sustainability of coverage programs
3. Expand the capacity of the state's health care workforce to meet the needs
4. Driving better value, coordination, and innovation in health care in Nevada





NVHA Footprint & Potential for Impact

updated: 7/16/2025

1 in 3
nevadan's

covered by a Nevada
Health Authority
administered
program



800,000+

receive essential care
through **Medicaid and
CHIP**

110,000+

access affordable
coverage through
Nevada Health Link

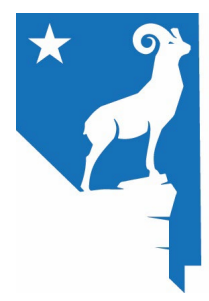
70,000+

public employees and
their families covered
through **PEBP**

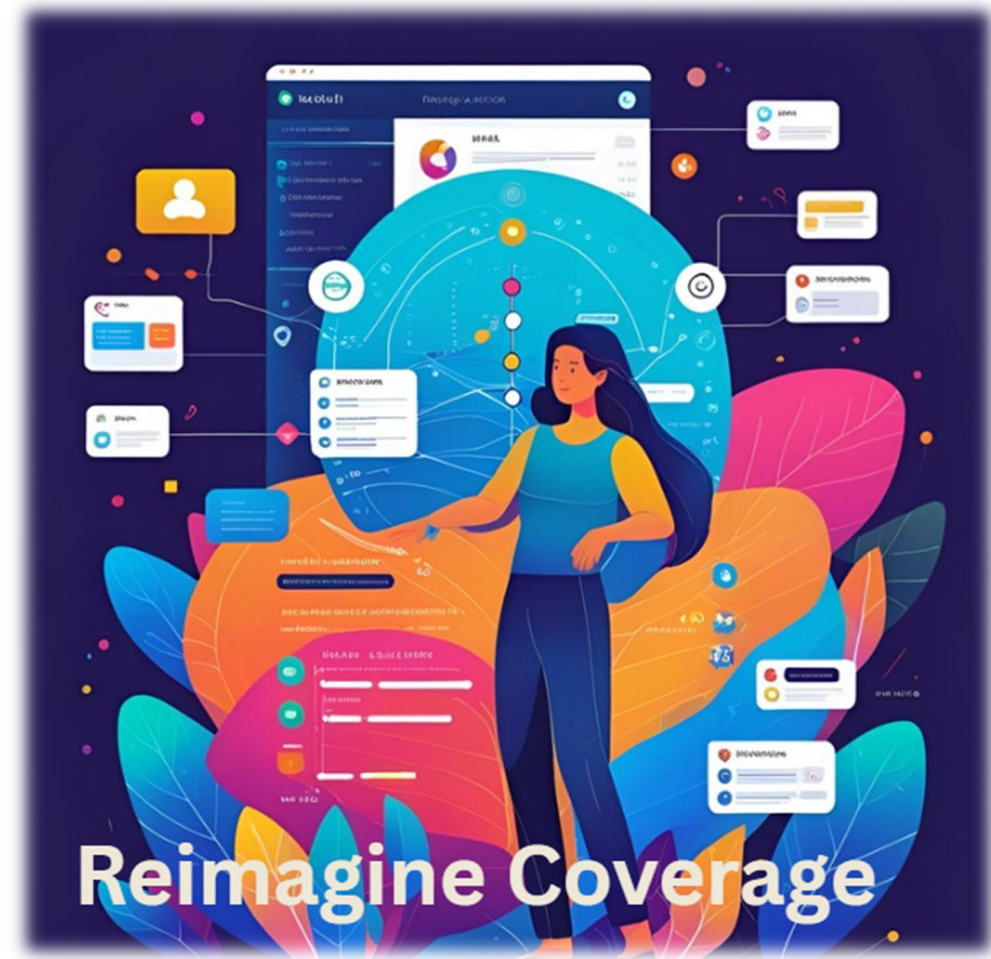


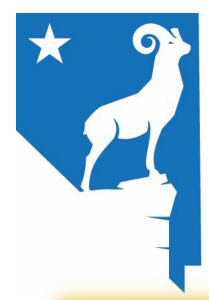
1 in 2
births in nevada

covered by Nevada
Medicaid in 2023



How do we get from here to there?





Reimagining Health Care for Providers



NVHA One-Stop Shop for Providers

- One enrollment process
- One credentialing process
- Same quality and value-based payment programs
- Same reporting standards
- Same forms and timelines for prior authorizations

Across all markets under NVHA



Reimagining Health Care for Nevadans



One-Stop Shop for Coverage

*For people who shop for their own health insurance
(private market & Medicaid)*

- Real time eligibility & enrollment through Exchange door
- If Medicaid eligible, moved through the Medicaid Express
- If eligible for private coverage, moved through shopping experience on Exchange
- All can compare & select plans
- See their provider networks
- View their plan's quality scores

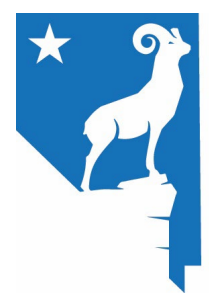


Reimagining State Health Care Purchasing

New Health Care Purchasing Strategy

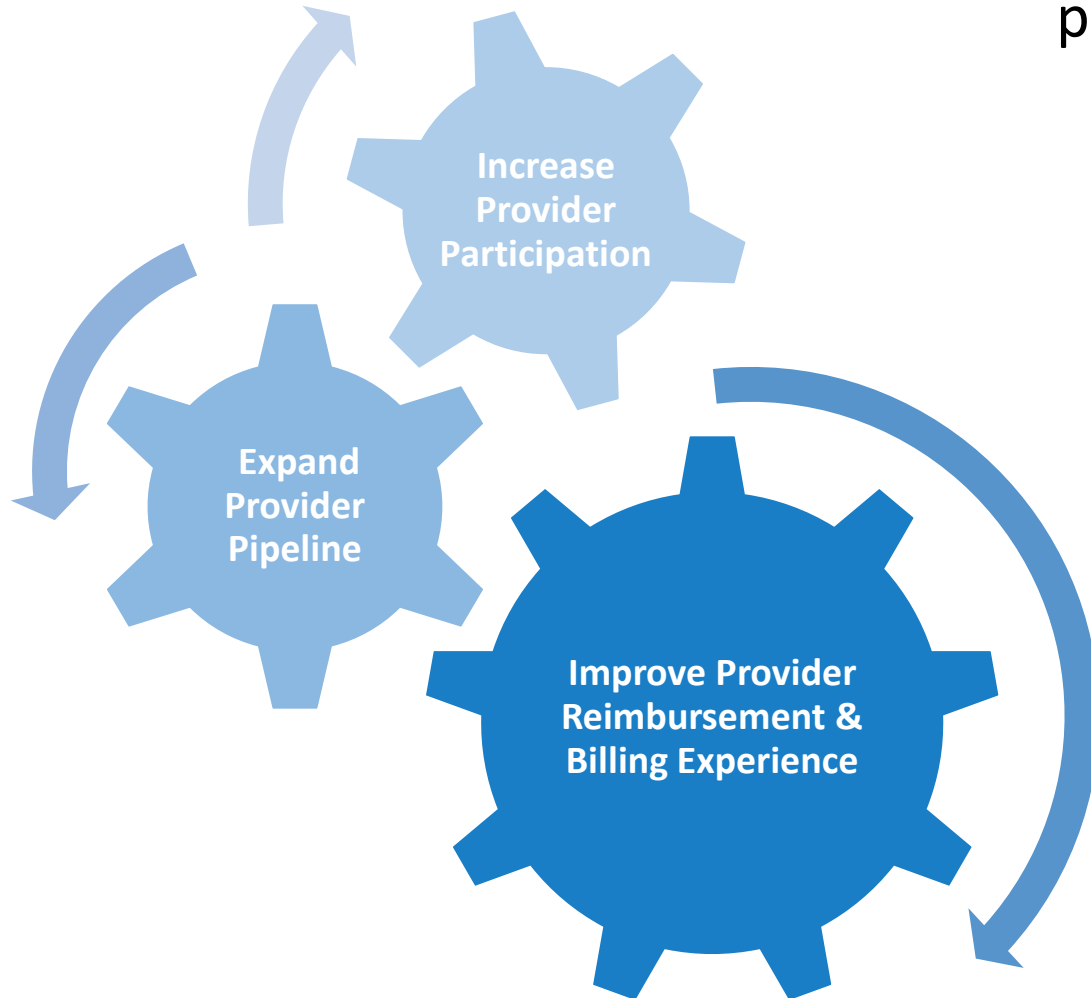
- Aligns certain contracts/requirements across markets with similar carriers/vendors for similar services
- Allows state to better leverage its position to negotiate better deals (lower costs) in health care services
- Provides opportunity to scale resources across programs = greater efficiencies
- Simplifies programs for consumers and providers



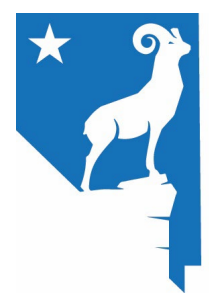


Reimagining the State's Health Care Workforce

Improving access to care requires a multi-pronged strategy



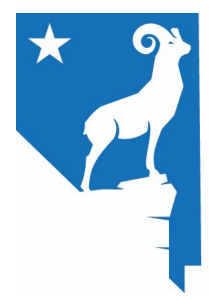
- GME/IME strategies expansion via federal Medicaid funds
- New state funds from session for GME grants and Medicaid strategies (\$15 million state funds estimated for biennium)
- Removal of administrative burdens to billing (Centralized Credentialing & Streamlining Prior Authorizations)
- Rural Health Transformation Grant
- Practice in Nevada Program with loan repayment for providers willing to live and work in a region for at least four years



New 5-Year “Nest Egg” for Rural Areas

- Rural Health Transformation Grant
- Five Year Grant
- NVHA will be applying for the State
- Application due by Nov. 5, 2025
- Public request for comment and ideas (online NVHA survey)
- Virtual Public Workshop, Oct. 2 @ 2:00 pm
- Goals focus on rural hospital and health care systems





Permissible Use Categories

Prevention & Chronic Disease

- Health Focused: Prevention, chronic disease, and behavioral health

Workforce

- Attract and retain providers in rural areas

Appropriate Care Availability

- Sustainable access and operational efficiency/sustainability

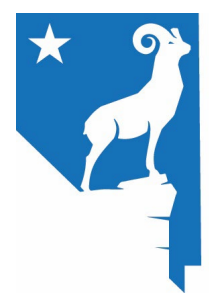
Innovative Care

- New care models for improved outcomes and effective care

Technology Innovation

- Foster use of innovative technologies to enhance delivery, security, and digital health tools

Must satisfy at least three categories in the application.



Thank you!

Stacie Weeks, JD, MPH
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GME History, Fiscal and Program Status

Stacie Weeks, Director
Malinda Southard, Deputy Director



September 26, 2025



Agenda

1. History of GME in Nevada
 1. Task Force
 2. Advisory Council
 3. Grant Program
2. GME Fiscal/Budget Status
3. NVHA GME Program

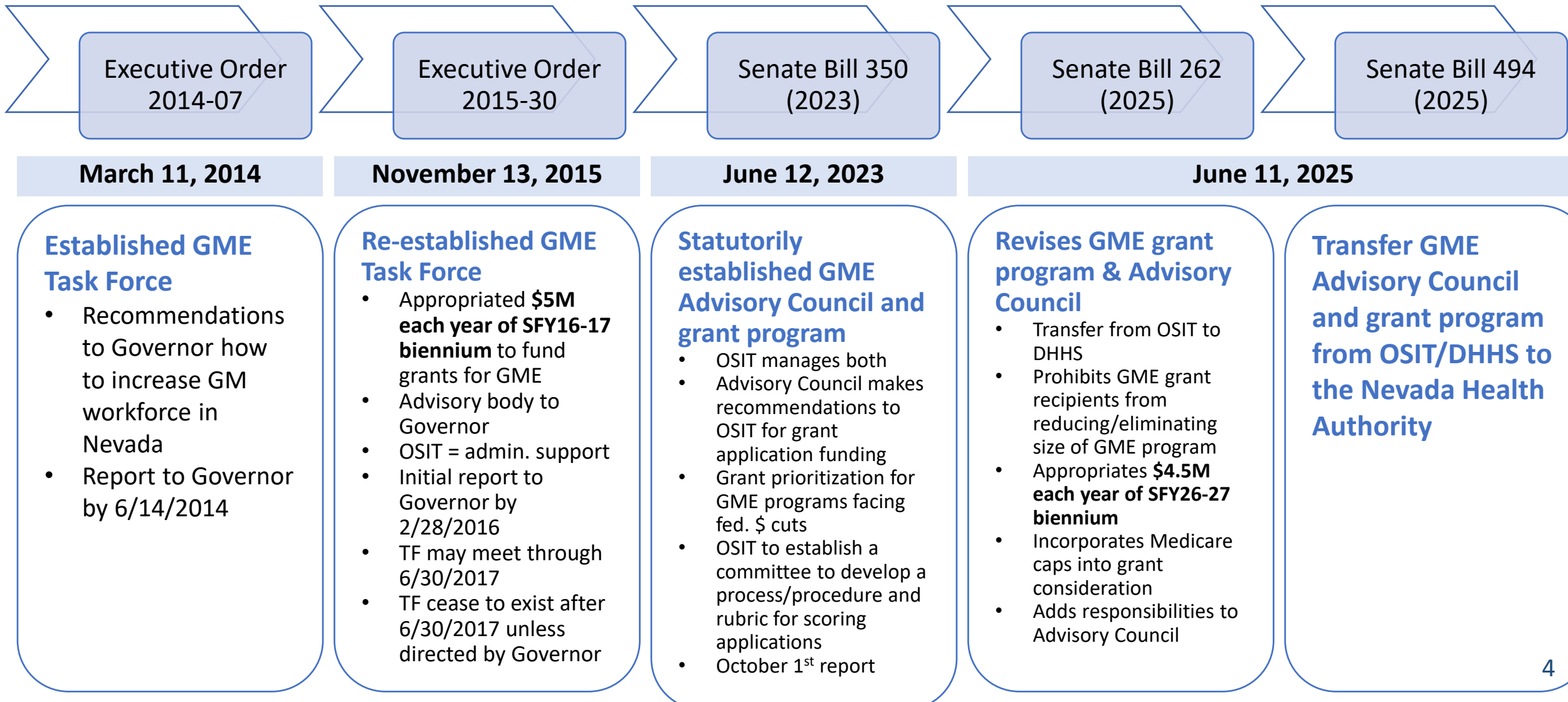


History of GME in Nevada

Task Force / Advisory Council and GME Grants



Task Force / Advisory Council





Members: Advisory Council on GME

The dean of each medical school accredited by the Liaison Committee on Medical Education of the American Medical Association and the Association of American Medical Colleges

- **Dr. Paul Hauptman term ends 2/28/2027**
- **Dr. Alison Netski term ends 8/31/2028**

The dean of each school of osteopathic medicine that is accredited by the Commission on Osteopathic College Accreditation of the American Osteopathic Association

- **Dr. Wolfgang Gilliar term ends 2/28/2027**

Two members appointed by the Governor who are physicians licensed pursuant to chapter 630 or 633 of NRS

- **Dr. Ross Berkeley term ends 2/28/2027**
- **Dr. Bret Frey term ends 3/31/2027**

One member appointed by the Governor who represents hospitals located in counties whose population is less than 100,000

- **Robyn Dunckhorst term ends 2/28/2027**

One member appointed by the Governor who represents hospitals located in counties whose population is 100,000 or more but less than 700,000

- **Christine Bosse term ends 1/31/2027**



Members: Advisory Council on GME (2 of 2)

One member appointed by the Governor who represents hospitals located in a county whose population is 700,000 or more

- **Mason VanHouweling term ends 2/28/2027**

One member appointed by the Governor who represents the medical corps of any of the Armed Forces of the United States

- **Dr. Jeremy Kilburn term ends 2/28/2027**

One member appointed by the Governor who represents the Department of Health and Human Services

- **Dr. Leon Ravin term ends 8/31/2028**

One member appointed by the Governor who represents the Office of Economic Development in the Office of the Governor

- **Vance Farrow term ends 3/31/2027**

Governor may appoint two members as the Governor determines necessary

- **Dr. John Packham term ends 2/28/2027**
- **Stacie Weeks term ends 3/31/2027**



Advisory Council Responsibilities

Senate Bills 262 and 494 (2025) –

1. Evaluate applications for competitive grants for the GME grant program and make recommendations to the NVHA.
2. In making recommendations to NVHA for the GME grant applications, the Council shall give **priority** to institutions who:
 - Operate programs for residency training that are approved by the ACGME and that are training residents that **exceeds** the maximum number of FTE resident positions for which the institution receives direct or indirect GME payments from Medicare.
3. Study and make recommendations to NVHA, the Governor, and the Legislature concerning:
 - The **creation and retention** of Nevada programs for residency training and postdoctoral fellowships that are approved by ACGME; and
 - The **recruitment and retention** of physicians necessary to meet the health care needs of Nevada residents, with the emphasis on those health care needs.
4. In collaboration with NVHA, the Advisory Council shall explore ways to use **federal financial participation in Medicaid** to support programs for medical residency training and postdoctoral fellowships in Nevada.



GME Grant Program History



Round 1: May 2016 (SFY16)

UNLV SOM: Psychiatry	\$900,000
Valley Health: Infrastructure Development	\$600,000
UNR SOM: Adult/Child Psychiatry	\$500,000
UNLV SOM: OBGYN	\$1,300,000
UNR SOM: Internal Medicine	\$1,700,000
TOTAL	\$5,000,000

Round 2: September 2016 (SFY17)

UNR SOM: Geriatric Medicine	\$500,000
Valley Health: Infrastructure Development	\$1,050,000
Mountain View: OBGYN	\$850,000
Touro University: Geriatric Medicine	\$1,200,000
UNR SOM: Family & Community Medicine	\$1,400,000
TOTAL	\$5,000,000



GME Grants

Round 3: March 2018 (SFY18)

Valley Health: Surgery	\$794,410
Mountain View: Physical Medicine & Rehab	\$888,000
TOTAL	\$1,682,410

Round 3 considerations:

- Only 2 applicants; fully funded

Round 4: June 2018 (SFY18)

UNLV SOM: Pulmonary & Critical Care	\$454,817
UNLV SOM: Pediatric	\$922,433
UNR SOM: Family Medicine Training	\$251,969
Southern Hills: Psychiatry	\$1,054,000
Valley Health: Family Medicine	\$319,210
TOTAL	\$3,002,429

Round 4 considerations:

- Left \$315,161 unallocated of \$5M in SFY18;
reverted back to SGF.



GME Grants (3 of 4)

Round 5: November 2018 (SFY19)

UNLV SOM: Critical Care Addendum	\$80,000
UNLV SOM: Critical Care Surgery	\$1,560,179
UNLV SOM: Geriatrics	\$722,346
Valley Health: Henderson Hospital Infrast.	\$961,995
TOTAL	\$3,324,520

Round 5 considerations:

- UNLV SOM Addendum: only 2 of the 3 residents funded in SFY18; this added the third.

Round 6: May 2019 (SFY19)

Mountain View: Radiology	\$829,179
Southern Nevada Health District	\$325,000
UNLV SOM: Forensic Psychiatry	\$521,301
TOTAL	\$1,675,480





GME Grants (4 of 4)



Round 7: July 2022 (SFY23): Current Grantees

Dignity Health: Family Medicine	\$2,600,000
Dignity Health: Internal Medicine	\$678,632
UNLV SOM: Hematology	\$2,408,961
UNLV SOM: Rheumatology	\$1,955,790
UNR SOM: Pediatrics	\$870,433
TOTAL	\$8,513,816



NVHA GME Grant Program

SB262 (2025)

- When awarding grants, the NVHA shall consider the recommendations of the GME Advisory Council and give priority to award grants to programs that:
 - Will **leverage funds** from the Federal Government or private persons to maximize the impact of the grants;
 - Incorporate **innovative delivery models**, including telehealth, rotations in rural areas, and training in underserved settings;
 - **Provide logistical support** which may include transportation, housing, and accommodations for family members of residents and fellows, to facilitate the placement of residents and fellows in rural areas and other underserved areas;
 - **Demonstrate collaboration** with rural hospitals, community health centers, and other local health care entities; and
 - Address geographic areas and populations of Nevada **where the shortage of providers of health care is most critical** and specialties for which the need in those areas and among those populations is most critical.



NVHA GME Grant Program (2 of 2)

SB262 (2025)

- The money in the account for the GME Grant Program must be used to award competitive grants to institutions in Nevada:
 - Seeking to create, expand, or retain programs for residency training and postdoctoral fellowships that are approved by the ACGME; **or**
 - Operating programs for residency training that are approved by the ACGME and that are training residents that **exceeds** the maximum number of FTE resident positions for which the institution receives direct or indirect GME payments from Medicare.
- **Any money remaining in the account at the end of the fiscal year does not revert to the State General Fund, and the balance in the account must be carried forward to the next fiscal year.**





GME Fiscal Status



Current Budget Status for the NVHA GME Program

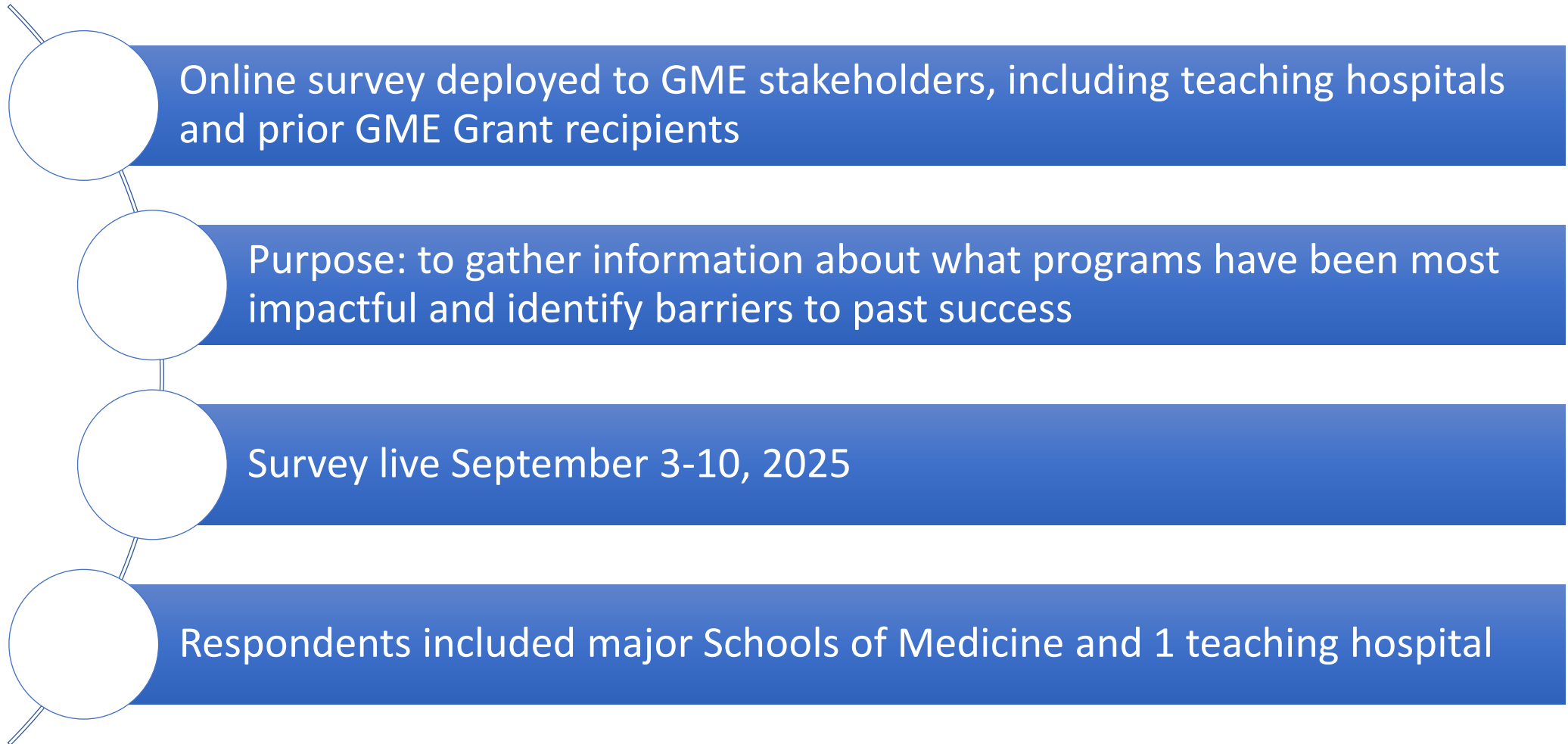
Description	SFY26	SFY27
Transfers GME grant funding to the Nevada Health Authority (i.e., the approved base budget)	\$8,530,000.00	
Appropriated from the State General Fund to the Account for GME grant program created by NRS 223.631 per SB262 Section 8	\$4,500,000.00	\$4,500,000.00
Carryover Work Program from OSIT funds per NRS 223.631(5.): Any money remaining in the account at the end of the fiscal year does not revert to State General Fund, and the balance in the account must be carried forward to the next fiscal year	\$7,034,066.81	
SFY26 grant fund payments remaining from SFY22 GME grant awards	(\$3,976,041.18)	
Outstanding SFY25 Q4 payments	(\$261,900.01)	
GME funds available	\$15,826,125.62	\$4,500,000.00



NVHA GME Program



NVHA GME Survey Results





Survey Highlights

22. Going forward, where would your organization expect to see the most benefit from GME funding, based on program outcomes from prior awards?

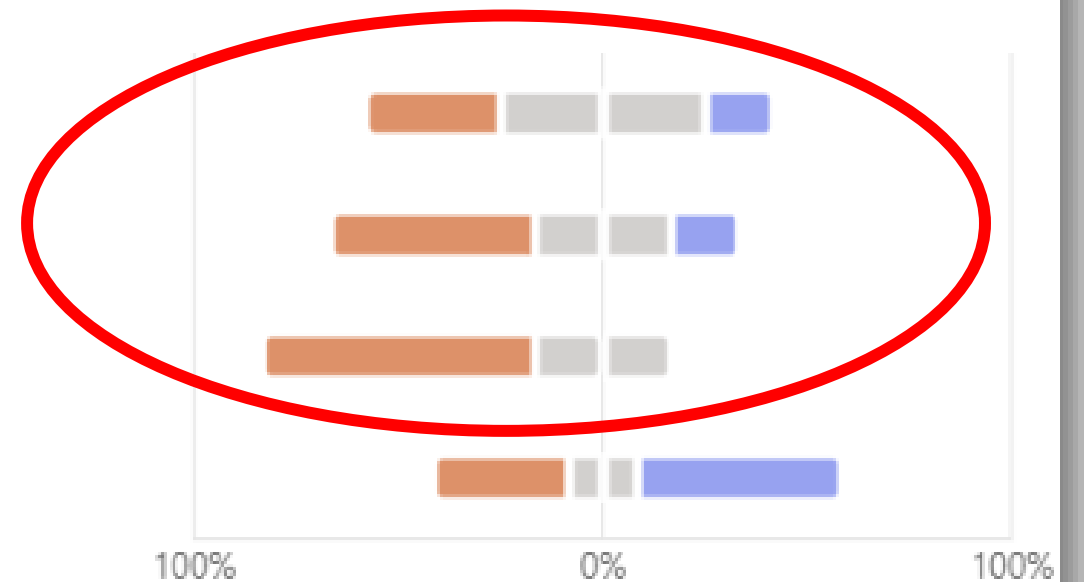
● Most Impact ● Some Impact ● Least Impact

New Residency Programs

Expanding Existing Residency Programs

New Fellowship Programs

Expanding Existing Fellowship Programs





Survey Comments: Additional Considerations

Challenges to expand or grow GME Programs:

- Resident Pay in Nevada – may be low in comparison to other states
- Partner hospitals often do not support resident training requirements
- Medicare caps can make expansion of existing programs difficult
- Sustainability of funding for programs can be difficult beyond start-up or expansion
- Meeting the housing needs of residents and their families

Opportunities for Impact:

- Many survey respondents are planning for new programs
- Opportunity for new federal and state funding strategies to enhance GME
- Consider ways to enhance training opportunities and/or partnerships with hospitals



Contact Information

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Acronyms

- ACGME: Accreditation Council for Graduate Medical Education
- FTE: Full-Time Equivalent
- GM: Graduate Medical
- GME: Graduate Medical Education
- NRS: Nevada Revised Statute
- OBGYN: Obstetrics and Gynecology
- OSIT: Office of Science, Innovation, and Technology in the Office of the Governor
- Q: Quarter
- SB: Senate Bill
- SFY: State Fiscal Year
- SGF: State General Fund
- SOM: School of Medicine
- TF: Task Force
- UNLV: University of Nevada, Las Vegas
- UNR: University of Nevada, Reno

State of the Physician Workforce in Nevada

John Packham, PhD

Co-Director, Nevada Health Workforce Research Center

Associate Dean, Office of Statewide Initiatives

University of Nevada, Reno School of Medicine

September 26, 2025



University of Nevada, Reno

School of Medicine

Office of Statewide Initiatives

Nevada Health Workforce Research Center

The purpose of the Center is to improve the collection and analysis of data on health care workforce supply and demand to enhance health workforce planning and development in Nevada.

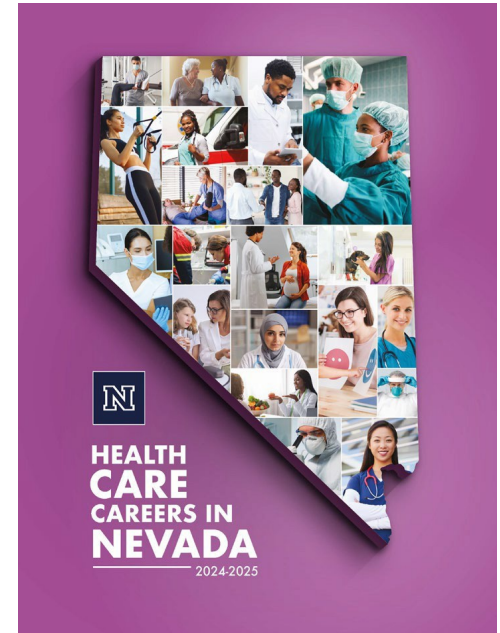
The vision of the Center is to assist health education institutions and policymakers in Nevada understand our state's need for well-prepared health professionals and to better inform investments in Nevada's health care workforce and health care system.

Flagship Publications and Resources



NEVADA INSTANT ATLAS

Nevada's County-Level Health Database



med.unr.edu/statewide

Recent Reports from the Center

PHYSICIAN WORKFORCE IN NEVADA

Nicole Mwalili, MPH
Tabor Griswold, PhD
John Packham, PhD
Simran Kaur, MS
Angel Barboza, BS
Amanda Brown, MPH
Laima Etchegoyhen, MPH
April 2025



GRADUATE MEDICAL EDUCATION TRENDS IN NEVADA – 2025

Tabor Griswold, PhD
John Packham, PhD
Nicole Mwalili, MPH
Kaden Schorovsky
August 2025



Health Workforce Shortages in Nevada

Health Workforce Shortages by Industry

Additional jobs needed in Nevada health sector industries to meet the national per capita employment averages:

- 10,992 jobs in ambulatory care settings
- 10,660 jobs in acute care and specialty care hospitals
- 8,273 jobs in nursing and residential care facilities
- 11,155 jobs in social assistance services

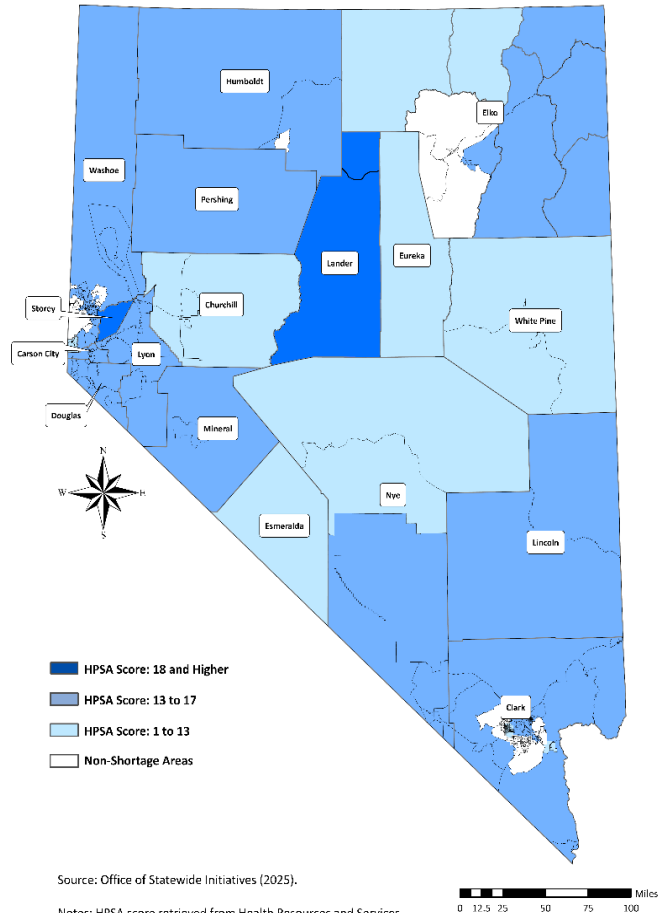
Health Workforce Shortages by Occupation

Additional jobs needed in Nevada by occupation to meet the national per capita average employment averages:

- 4,865 registered nurses
- 2,303 physicians
- 906 pharmacists
- 355 physician assistants

Primary Care HPSAs in Nevada

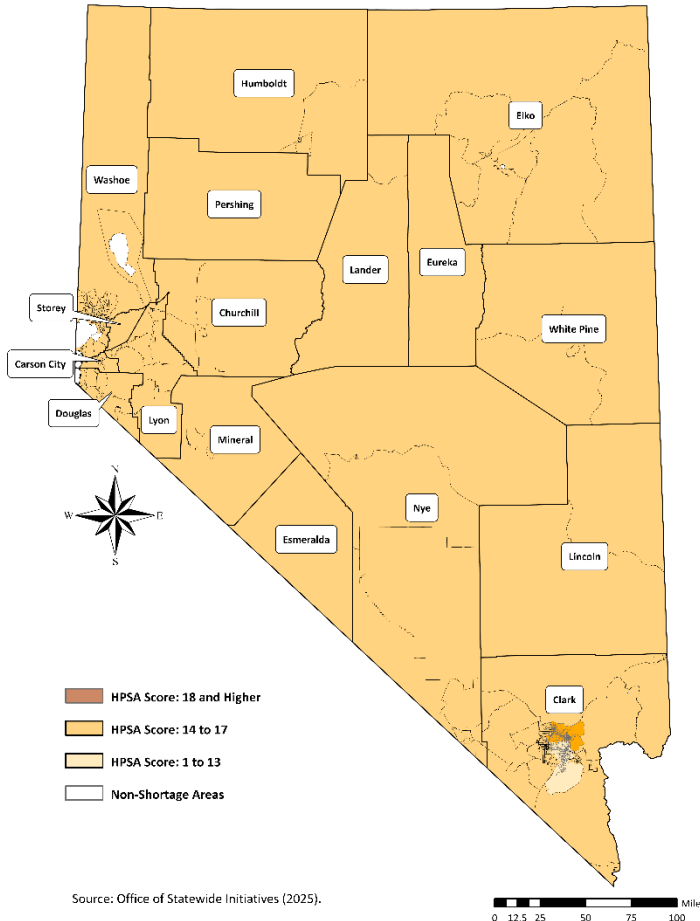
- An estimated 2.2 million Nevadans or 64.9% of the state's population reside in a federally designated primary care HPSA
- 13 of 17 counties are single-county primary care HPSAs, including 12 of the 14 rural and frontier counties



Source: Nevada Health Workforce Research Center, *Health Workforce in Nevada* (July 2025).

Mental HPSAs in Nevada

- An estimated 3.1 million Nevadans or 91.3% of the state's population reside in a federally designated primary care HPSA
- 15 of 17 counties are single-county mental HPSAs, including all 14 rural and frontier counties



Source: Office of Statewide Initiatives (2025).

Notes: HPSA score retrieved from Health Resources and Services Administration on April 2, 2025.

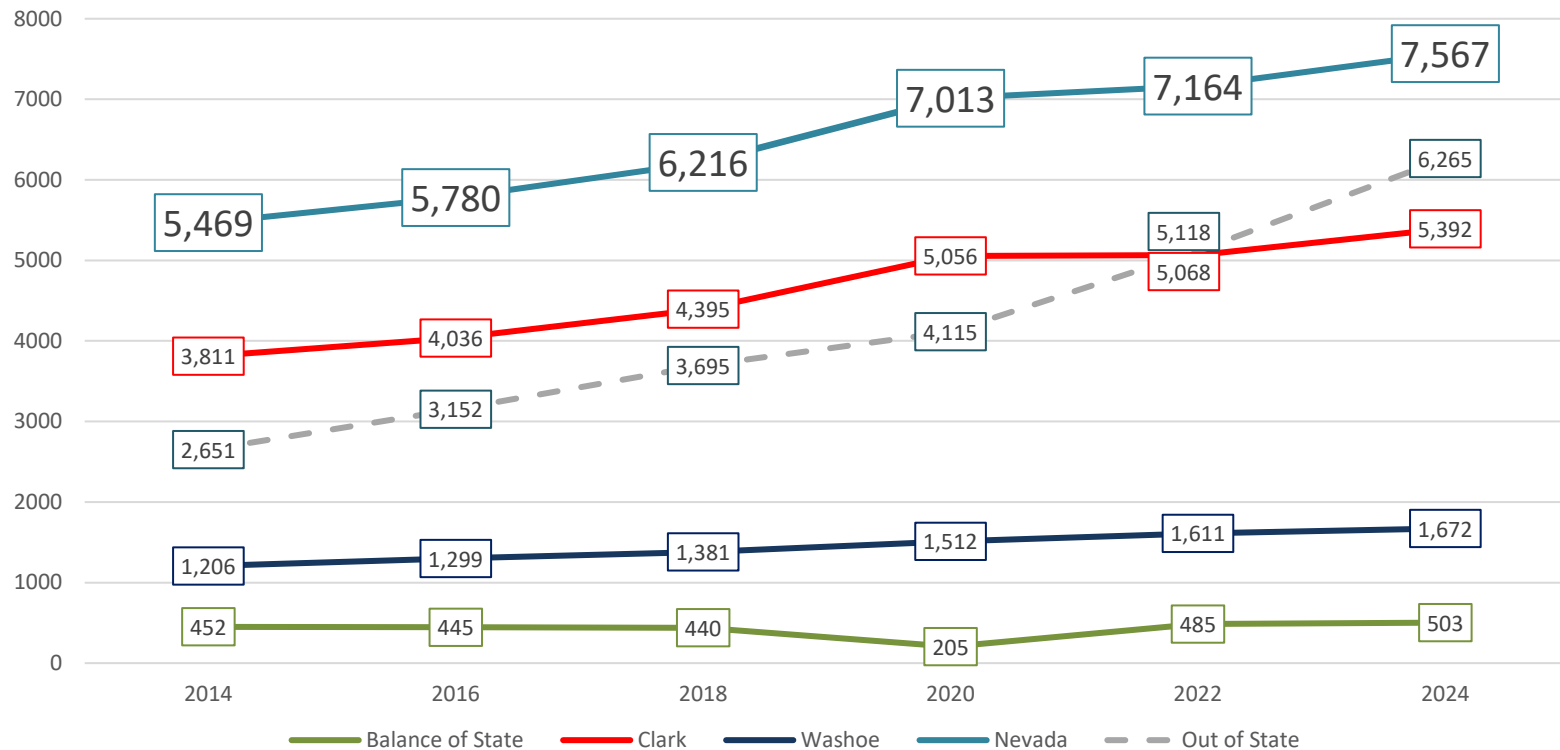
Source: Nevada Health Workforce Research Center, *Health Workforce in Nevada* (July 2025).

Physician Workforce Trends in Nevada

Licensure Trends over the Past Decade

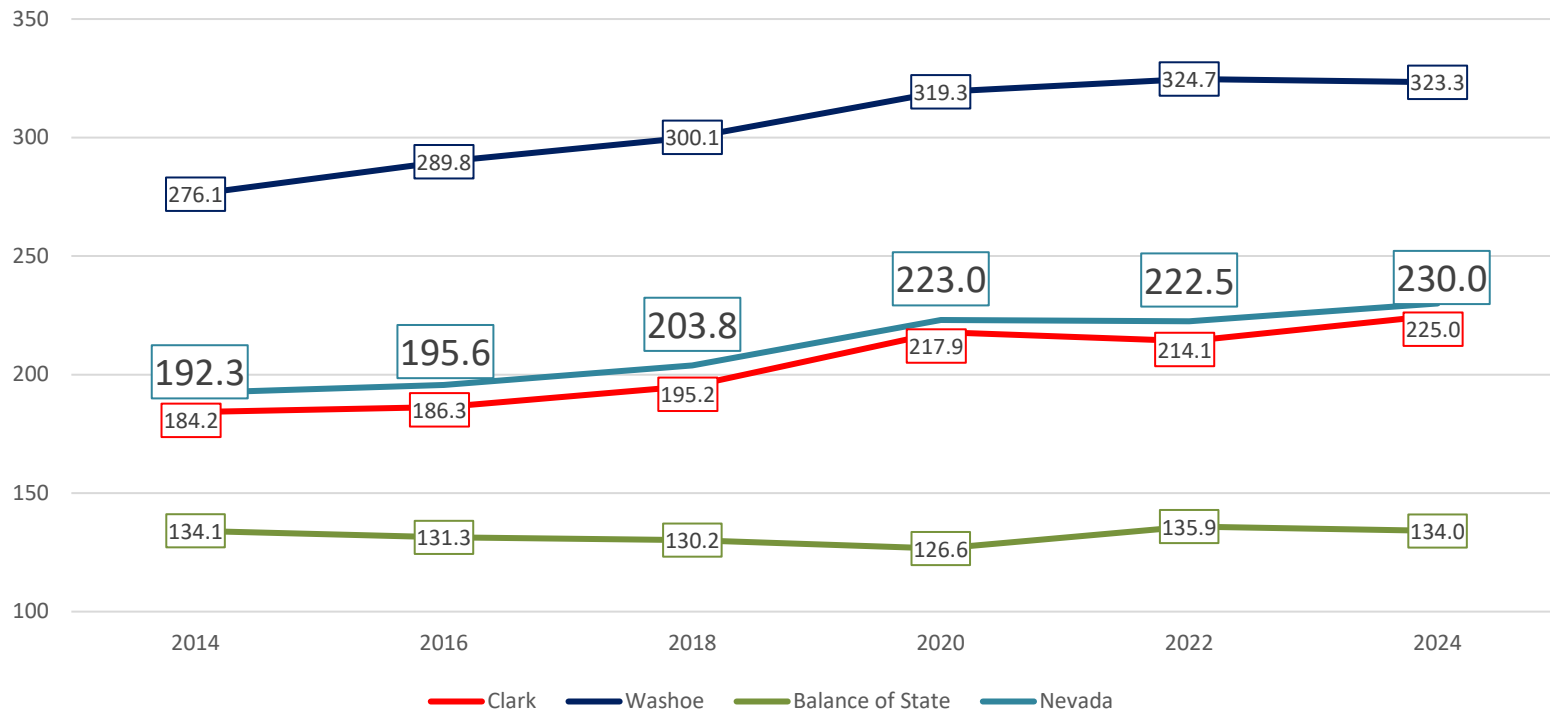
- The number physicians (MDs and DOs) licensed by the State of Nevada has increased from 5,469 in 2014 to 7,567 in 2024 – an increase of 2,098 physicians or 27.7%
- However, after adjusting for population growth, the number of licensed physicians in Nevada increased from 192.3 to 230.0 per 100,000 population over the past decade – a more modest increase of 19.6%
- The number of out-of-state physicians licensed by the State of Nevada has increased by 3,614 or 136.3% over the past decade

Licensed Physicians in Nevada – 2014 to 2024



Source: Nevada Health Workforce Research Center, *Physician Workforce in Nevada* (April 2025).

Number per 100,000 Population – 2014 to 2024



Source: Nevada Health Workforce Research Center, *Physician Workforce in Nevada* (April 2025).

Physician Workforce Shortages by Specialty

- Currently, in 35 of 37 specialty areas tracked by the American Medical Association (AMA), the number of physicians per capita in Nevada is lower than the national rates – exceptions include anesthesiology and forensic pathology.
- Based on the current rates of physicians per population in Nevada and the United States, Nevada would need 2,303 additional physicians to meet the national average.
- Nevada would need an additional 251 family medicine doctors, 411 pediatricians, and 105 psychiatrists to meet the national average for each specialty area.

Graduate Medical Education Trends in Nevada

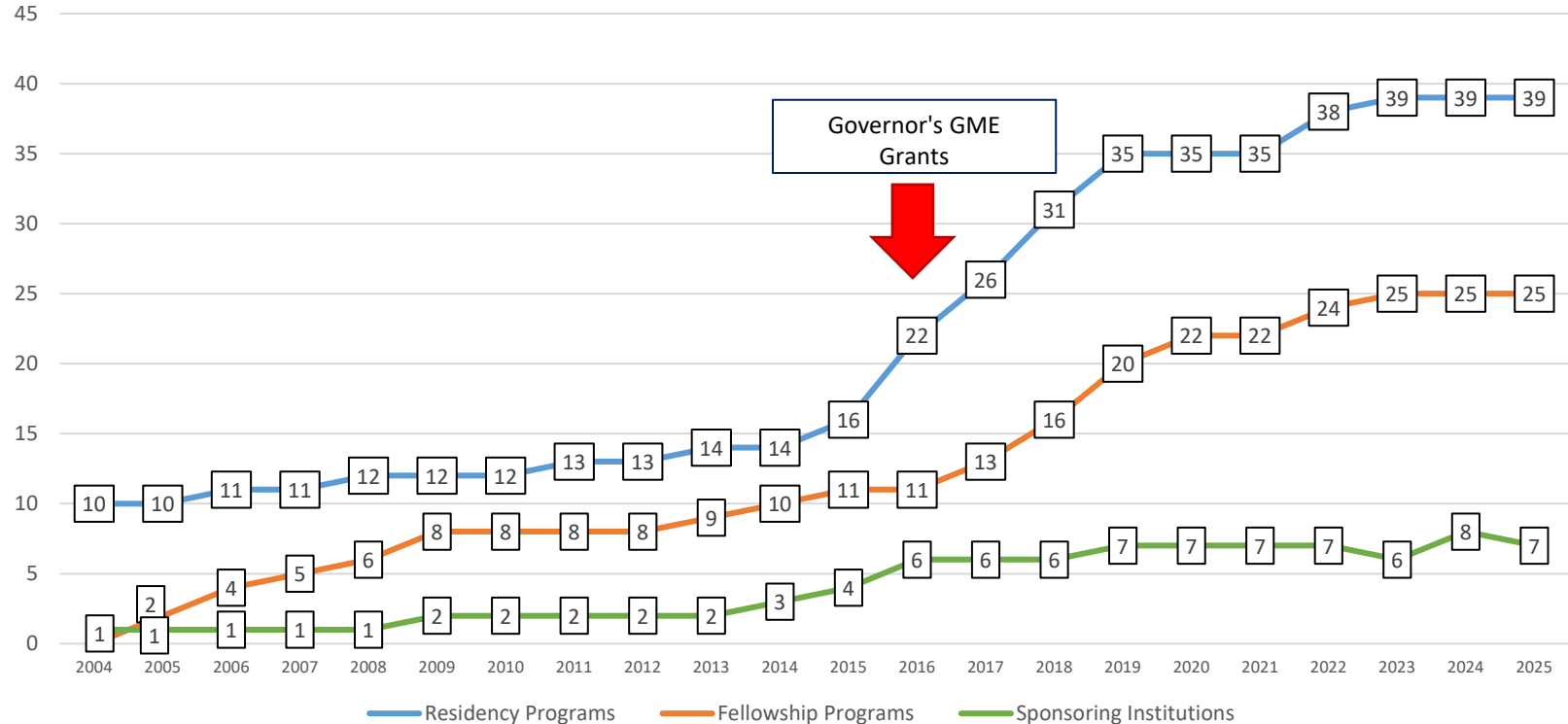
If you build it, they will come.

Historically, of all Nevada-trained physicians with an active license to practice medicine in the United States:

- 39.8% of Nevada UME graduates are currently practicing in Nevada (Rank of 21st)
- 55.2% of Nevada GME graduates are currently practicing in Nevada (Rank of 6th)
- 76.9% of physicians who are both Nevada UME and GME graduates are practicing in Nevada (Rank of 8th)

GME Programs in Nevada – 2004 to 2025

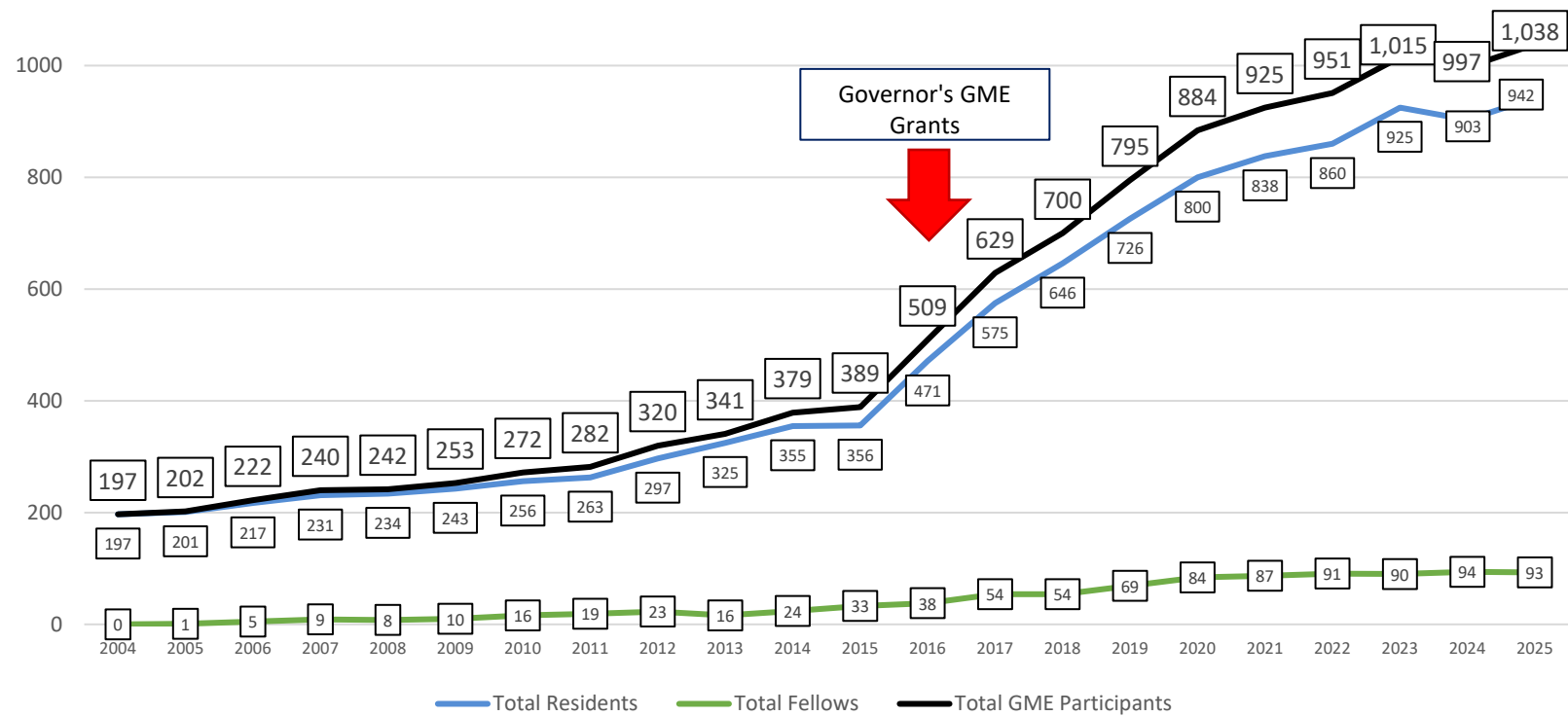
Number of ACGME-Accredited Sponsoring Institutions, Specialty Programs (Residency Programs), and Subspecialty Programs (Fellowship Programs)



Source: Accreditation Council on Graduate Medical Education (2025).

Residents and Fellows in Nevada – 2004 to 2025

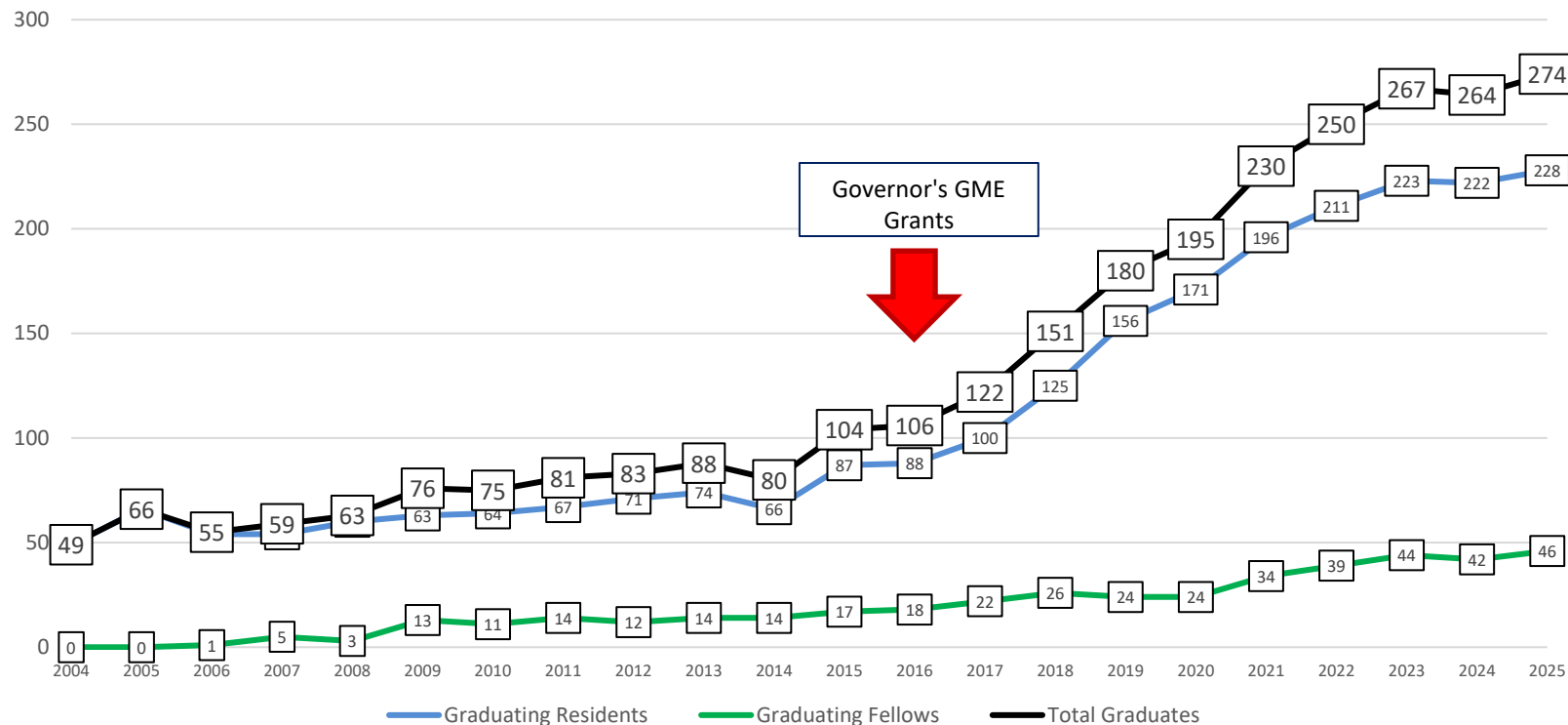
Number of Physicians in ACGME-Accredited Residency and Fellowship Programs



Source: Accreditation Council on Graduate Medical Education (2025).

GME Graduates in Nevada – 2004 to 2025

Number of Physicians Completing ACGME-Accredited Residency and Fellowship Programs



Source: Nevada Health Workforce Research Center, *Graduate Medical Education Trends in Nevada* (August 2025).

Employment, Training, and Location Plans of GME Graduates in Nevada

2025

	Beginning Clinical Practice	Continuing Training	Total
Remaining in Nevada	91 (33.2%)	22 (8.0%)	113 (41.2%)
Leaving Nevada	106 (38.7%)	55 (20.1%)	161 (58.8%)
Total	197 (71.9%)	77 (28.1%)	274 (100.0%)

2016 to 2025

	Beginning Clinical Practice	Continuing Training	Total
Remaining in Nevada	753 (36.9%)	116 (5.7%)	869 (42.6%)
Leaving Nevada	740 (36.3%)	432 (21.2%)	1,172 (57.4%)
Total	1,493 (73.2%)	548 (26.8%)	2,041 (100.0%)

Source: Nevada Health Workforce Research Center, *Graduate Medical Education Trends in Nevada* (August 2025).

If you build it, they will come. But will they stay?

- In 2025, 274 physicians (MD & DO) completed residencies and fellowships in Nevada
- However, 55 physicians or 20.1% of GME graduates left Nevada for subspecialty training that is non-existent or in short supply in Nevada
- Over the past decade, 2,041 physicians completed residencies and fellowships in Nevada – growing from 106 graduates in 2016 to 274 graduates in 2025 (158.5%)
- However, 432 physicians or 21.2% of all GME graduates left Nevada for subspecialty training over the past decade

Additional Information

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Nevada Health Workforce Research Center

Office of Statewide Initiatives

University of Nevada, Reno School of Medicine

<https://med.unr.edu/statewide>



University of Nevada, Reno

School of Medicine

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April 2025



NEVADA HEALTH
WORKFORCE
RESEARCH CENTER



Physician Workforce in Nevada – 2025

is a publication from the Nevada Health Workforce Research Center
in the Office of Statewide Initiatives at the University of Nevada,
Reno School of Medicine.

The mission of the Office of Statewide Initiatives is to improve the
health of Nevadans through statewide engagement, education, and
research.

The purpose of the Nevada Health Workforce Research Center is to
improve the collection and analysis of data on health workforce
supply and demand to enhance health workforce planning and
development in Nevada.

<https://med.unr.edu/statewide>

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Physician Workforce in Nevada – 2025

Key Findings and Highlights

Physician Workforce in Nevada – 2025 provides current data on the supply and geographic distribution of physicians in Nevada. The report was prepared by the Nevada Health Workforce Research Center in the Office of Statewide Initiatives at the University of Nevada, Reno School of Medicine. The report utilizes the most currently available data from the American Medical Association (AMA), the Association of American Medical Colleges (AAMC), the Accreditation Council on Graduate Medical Colleges (ACGME), the Nevada State Board of Medical Examiners, and the Nevada State Board of Osteopathic Medicine. Please note that the most current physician workforce data from the AMA's *Physician Masterfile* is for the calendar year 2023.

Utilizing the most current data from the American Medical Association's (AMA) Physician Masterfile:

- There are 9,730 physicians in Nevada, including 8,254 allopathic physicians (MDs) and 1,476 osteopathic physicians (DOs) – MDs represent 84.8% of the physician workforce and DOs comprise 15.2% of the physician workforce (Figure 1).
- Among the 7,183 physicians with an active license, there are 7,006 physicians working in patient care (97.5%) and 177 physicians not working in patient care (2.5%) (Figure 1).
- Figures 2 through 6 provide detailed physician workforce data by self-reported specialty and type of professional activity for, respectively, Nevada, Clark County, Washoe County, Carson City, and the state's fourteen rural and frontier counties.
- Among the 7,183 actively practicing physicians in Nevada, 5,167 work in Clark County (69.0%), 1,623 in Washoe County (21.7%), 149 in Carson City (2.0%), and 244 in the state's 14 rural and frontier counties (3.3%) (Figures 2 to 6).
- Currently, in 35 of 37 specialty areas tracked by the American Medical Association (AMA), the number of physicians per capita in Nevada is lower than the national per capita rate – exceptions include anesthesiology and forensic pathology (Figure 7).
- Based on the current rates of physicians per population in Nevada and the United States, Nevada would need 2,303 additional physicians to meet the national average (Figure 7).
- Nevada would need an additional 251 family medicine doctors, 411 pediatricians, and 105 psychiatrists to meet the national average for each specialty area (Figure 7).

- The average age of a physician in Nevada is currently 54.8 years – additionally, the average age of physicians in Nevada varies considerably by specialty – for example, the average age of an emergency medicine physician is 46.2 years versus the average age of 56.1 years for obstetricians-gynecologists (Figure 8).
- The percentage of active physicians over the age of 55 is 43.6% of the total physician workforce – the percentage of physicians over the age of 55 varies considerably by specialty – 74.6% of cardiologists are over the age of 55 as compared to 29.4% of emergency medicine physicians (Figure 8).

Utilizing current licensure data from the Nevada State Board of Medical Examiners (MDs) and the Nevada State Board of Osteopathic Medicine (DOs):

- The number physicians licensed by the State of Nevada has increased from 5,469 in 2014 to 7,567 in 2024 – an increase of 2,098 physicians or 27.7% (Figure 9).
- The number of out-of-state physicians licensed by the State of Nevada has increased by 3,614 or 136.3% over the past decade (Figure 9).
- Adjusting for population growth, the number of licensed physicians in Nevada increased from 192.3 to 230.0 per 100,000 population over the past decade – an increase of 19.6% (Figure 10).
- The number of primary care physicians licensed by the State of Nevada has increased from 2,442 in 2014 to 3,141 in 2024 – an increase of 699 or 28.6% over the past decade (Figure 11).
- Over the past decade, adjusting for population growth, the number of licensed primary physicians increased from 86.3 to 95.1 per 100,000 population in Nevada – increase of 10.2% (Figure 12).

According to current data and analysis from the Nevada Health Workforce Research Center, the Association of American Medical Colleges (AAMC), and the Accreditation Council on Graduate Medical Education (ACGME):

- The number of medical school graduates (MD and DO degrees) in Nevada increased from 50 in 2004 to 287 in 2024 – an increase of 237 undergraduate medical education (UME) graduates or 474.0% (Figures 13 and 17).
- Over the past two decades, the number of accredited graduate medical education (GME) sponsoring institutions, residency and fellowship programs, and graduates in Nevada have increased substantially – growth that accelerated with the implementation of the Governor’s GME Grants in 2015 (Figures 14, 15 and 17).

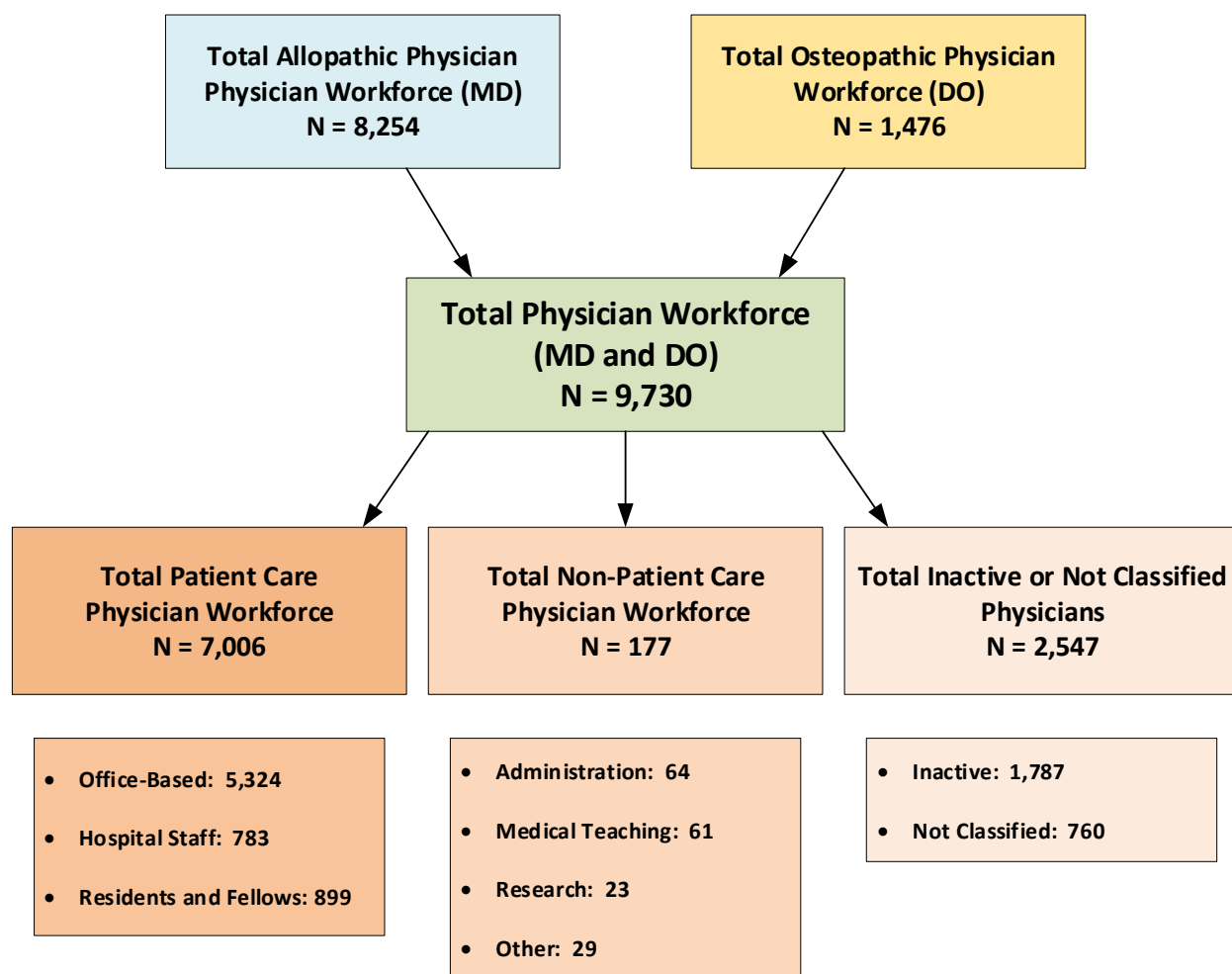
- Since 2004, the number of graduates from accredited residency and fellowship programs in Nevada increased from 49 to 272 – an increase of 233 or 455.1% (Figures 16 and 17).

Utilizing data from the federal Health Resources and Services Administration (HRSA) and population estimates from the Nevada State Demographer's Office:

- An estimated 2,195,138 Nevadans or 64.9% of the state's population currently reside in a federally designated primary care HPSA. Twelve of 17 counties in Nevada are single-county primary care HPSAs including 12 of the state's 14 rural and frontier counties (Figure 24).
- Currently, 3.1 million Nevadans or 91.3% of the state's population reside in a federally designated mental health HPSA – 15 of 17 counties in Nevada are single-county mental health HPSAs. One hundred percent of the state's 302,794 rural and frontier residents live in a mental health HPSA (Figure 24).
- The maps contained in Figures 18 through 23 highlight the current geographic distribution and severity of primary care and mental health professional shortage areas (HPSA) in Nevada, Clark County, and northern Nevada – shortages impacting both rural and urban areas of the state.

For additional health workforce information and reports from Office of Statewide Initiatives and Nevada Health Workforce Research, please contact Dr. John Packham at jpackham@med.unr.edu or visit <https://med.unr.edu/statewide>.

Figure 1: Physician Workforce in Nevada



Source: American Medical Association (2025)

Note: This table provides the most currently available employment data from the AMA Physician Masterfile on the allopathic and osteopathic physician workforce in Nevada for the calendar year 2023.

Figure 2: Physician Workforce by Specialty and Professional Activity in Nevada

Specialty	Total Physicians	Patient Care				Other Professional Activity			
		Total Patient Care	Office Based	Hospital Based		Admin	Teaching	Research	Other
				Residents & Fellows	Hospital Staff				
Total Physicians	7,183	7,006	5,324	899	770	64	61	23	29
Family Medicine / General Practice									
Family Medicine	894	874	703	100	67	5	13	-	2
General Practice	44	40	31	0	9	3	-	-	1
Medical Specialties									
Allergy and Immunology	22	22	22	-	-	-	-	-	-
Cardiovascular Disease	141	134	113	10	11	2	3	2	-
Dermatology	76	76	70	3	3	-	-	-	-
Gastroenterology	108	108	87	18	3	-	-	-	-
Geriatric Medicine	51	49	42	1	6	2	-	-	-
Internal Medicine	1,543	1,508	1,072	253	181	18	7	7	3
Pediatrics, General	456	440	348	28	63	4	8	2	2
Pediatrics, Cardiology	18	18	17	-	1	-	-	-	-
Pulmonary Disease	97	96	65	13	18	1	-	-	-
Surgical Specialties									
Colon/Rectal Surgery	16	16	16	-	-	-	-	-	-
General Surgery	321	316	203	90	23	3	2	-	-
Neurological Surgery	25	25	24	1	-	-	-	-	-
Obstetrics/Gynecology	367	359	315	33	11	3	5	-	-
Ophthalmology	116	113	108	1	4	-	3	-	-
Orthopedic Surgery	214	213	172	28	13	-	1	-	-
Otolaryngology	58	56	44	8	4	-	1	1	-
Plastic Surgery	64	64	51	8	5	-	-	-	-
Thoracic Surgery	26	26	22	-	4	-	-	-	-
Urology	56	52	48	-	4	2	-	1	1
Other Specialties									
Anesthesiology	502	496	417	36	42	3	2	1	-
Child and Adolescent Psychiatry	51	46	34	8	4	-	4	1	-
Diagnostic Radiology	177	170	124	14	32	1	-	-	6
Emergency Medicine	506	501	300	78	120	1	4	-	-
Forensic Pathology	9	8	7	-	1	-	-	-	1
Medical Genetics	4	3	3	-	-	-	-	1	-
Medical Oncology	78	76	67	-	9	1	-	1	-
Neurology	128	125	96	15	13	-	2	1	-
Nuclear Medicine	3	3	2	-	1	-	-	-	-
Occupational Medicine	17	16	13	1	1	-	-	-	1
Pathology, Anatomical/Clinical	86	76	60	2	14	2	1	1	5
Physical Medicine/Rehabilitation	146	145	121	11	13	-	1	-	-
Psychiatry	285	275	169	67	39	1	4	2	3
Public Health & Gen Prev Medicine	21	15	13	-	2	5	-	1	-
Radiology	80	78	59	-	19	-	-	-	2
Radiation Oncology	38	36	30	1	5	-	-	1	1
Other Specialties	56	49	35	6	8	7	-	-	1
Unspecified Specialties	283	283	201	65	17	-	-	-	-
Inactive or not classified	1,787								
Not classified	760								

Source: American Medical Association (2025).

Figure 3: Physician Workforce by Specialty and Professional Activity in Clark County

Specialty	Total Physicians	Patient Care				Other Professional Activity			
		Total Patient Care	Office Based	Hospital Based		Admin	Teaching	Research	Other
				Residents & Fellows	Hospital Staff				
Total Physicians	5,167	5,053	3,811	756	486	42	37	15	20
Family Medicine / General Practice									
Family Medicine	587	574	454	77	43	4	7	-	2
General Practice	37	33	28	-	5	3	-	-	1
Medical Specialties									
Allergy and Immunology	16	16	16	-	-	-	-	-	-
Cardiovascular Disease	100	94	82	8	4	2	2	2	-
Dermatology	44	44	38	3	3	-	-	-	-
Gastroenterology	79	79	58	18	3	-	-	-	-
Geriatric Medicine	34	33	27	1	5	1	-	-	-
Internal Medicine	1,139	1,118	813	192	113	13	3	3	2
Pediatrics, General	356	344	269	25	50	2	7	2	1
Pediatrics, Cardiology	17	17	16	-	1	-	-	-	-
Pulmonary Disease	74	74	50	12	12	-	-	-	-
Surgical Specialties									
Colon/Rectal Surgery	13	13	13	-	-	-	-	-	-
General Surgery	249	246	141	87	18	1	2	-	-
Neurological Surgery	14	14	13	1	-	-	-	-	-
Obstetrics/Gynecology	275	267	230	31	6	3	5	-	-
Ophthalmology	80	79	77	-	2	-	1	-	-
Orthopedic Surgery	151	150	116	28	6	-	1	-	-
Otolaryngology	41	39	30	7	2	-	1	1	-
Plastic Surgery	46	46	36	6	4	-	-	-	-
Thoracic Surgery	17	17	15	-	2	-	-	-	-
Urology	39	36	33	-	3	2	-	-	1
Other Specialties									
Anesthesiology	364	362	298	32	32	1	-	1	-
Child and Adolescent Psychiatry	29	27	21	4	2	-	1	1	-
Diagnostic Radiology	126	122	93	14	15	1	-	-	3
Emergency Medicine	337	334	197	75	62	-	3	-	-
Forensic Pathology	6	5	4	-	1	-	-	-	1
Medical Genetics	4	3	3	-	-	-	-	1	-
Medical Oncology	56	56	52	-	4	-	-	-	-
Neurology	93	91	67	14	10	-	1	1	-
Nuclear Medicine	1	1	1	-	-	-	-	-	-
Occupational Medicine	9	8	6	1	1	-	-	-	1
Pathology, Anatomical/Clinical	64	57	46	1	10	1	1	1	4
Physical Medicine/Rehabilitation	100	99	79	10	10	-	1	-	-
Psychiatry	196	192	120	47	25	-	1	1	2
Public Health & Gen Prev Medicine	16	12	10	-	2	4	-	-	-
Radiology	59	57	46	-	11	-	-	-	2
Radiation Oncology	22	21	21	-	-	-	-	1	-
Other Specialties	25	21	15	1	5	4	-	-	-
Unspecified Specialties	252	252	177	61	14	-	-	-	-
Inactive or not classified	1,231								
Not classified	612								

Source: American Medical Association (2025).

Figure 4: Physician Workforce by Specialty and Professional Activity in Washoe County

Specialty	Total Physicians	Patient Care				Other Professional Activity			
		Total Patient Care	Office Based	Hospital Based		Admin	Teaching	Research	Other
				Residents & Fellows	Hospital Staff				
Total Physicians	1,623	1,574	1,198	137	239	20	18	6	5
Family Medicine / General Practice									
Family Medicine	225	221	182	20	19	-	4	-	-
General Practice	3	3	2	-	1	-	-	-	-
Medical Specialties									
Allergy and Immunology	6	6	6	-	-	-	-	-	-
Cardiovascular Disease	35	35	26	2	7	-	-	-	-
Dermatology	26	26	26	-	-	-	-	-	-
Gastroenterology	26	26	26	-	-	-	-	-	-
Geriatric Medicine	15	14	13	-	1	1	-	-	-
Internal Medicine	337	326	201	61	64	5	3	3	-
Pediatrics, General	79	75	63	3	9	2	1	-	1
Pediatrics, Cardiology	-	-	-	-	-	-	-	-	-
Pulmonary Disease	19	18	12	1	5	1	-	-	-
Surgical Specialties									
Colon/Rectal Surgery	3	3	3	-	-	-	-	-	-
General Surgery	50	49	43	2	4	1	-	-	-
Neurological Surgery	10	10	10	-	-	-	-	-	-
Obstetrics/Gynecology	68	68	62	1	5	-	-	-	-
Ophthalmology	33	31	28	1	2	-	2	-	-
Orthopedic Surgery	40	40	37	-	3	-	-	-	-
Otolaryngology	11	11	10	1	-	-	-	-	-
Plastic Surgery	17	17	14	2	1	-	-	-	-
Thoracic Surgery	8	8	6	-	2	-	-	-	-
Urology	13	12	11	-	1	-	-	1	-
Other Specialties									
Anesthesiology	125	121	106	4	11	2	2	-	-
Child and Adolescent Psychiatry	19	16	10	4	2	-	3	-	-
Diagnostic Radiology	42	41	29	-	12	-	-	-	1
Emergency Medicine	131	130	80	3	47	1	-	-	-
Forensic Pathology	3	3	3	-	-	-	-	-	-
Medical Genetics	-	-	-	-	-	-	-	-	-
Medical Oncology	16	14	9	-	5	1	-	1	-
Neurology	32	31	28	1	2	-	1	-	-
Nuclear Medicine	2	2	1	-	1	-	-	-	-
Occupational Medicine	4	4	4	-	-	-	-	-	-
Pathology, Anatomical/Clinical	17	16	11	2	3	1	-	-	-
Physical Medicine/Rehabilitation	37	37	35	-	2	-	-	-	-
Psychiatry	84	79	46	20	13	1	2	1	1
Public Health & Gen Prev Medicine	2	1	1	-	-	1	-	-	-
Radiology	17	17	9	-	8	-	-	-	-
Radiation Oncology	15	14	9	1	4	-	-	-	1
Other Specialties	30	26	19	4	3	3	-	-	1
Unspecified Specialties	23	23	17	4	2	-	-	-	-
Inactive or not classified	429								
Not classified	135								

Source: American Medical Association (2025).

Figure 5: Physician Workforce by Specialty and Professional Activity in Carson City

Specialty	Total Physicians	Patient Care				Other Professional Activity			
		Total Patient Care	Office Based	Hospital Based		Admin	Teaching	Research	Other
				Residents & Fellows	Hospital Staff				
Total Physicians	149	148	126	2	20	-	-	-	1
Family Medicine / General Practice									
Family Medicine	19	19	15	1	3	-	-	-	-
General Practice	-	-	-	-	-	-	-	-	-
Medical Specialties									
Allergy and Immunology	-	-	-	-	-	-	-	-	-
Cardiovascular Disease	3	3	3	-	-	-	-	-	-
Dermatology	2	2	2	-	-	-	-	-	-
Gastroenterology	3	3	3	-	-	-	-	-	-
Geriatric Medicine	1	1	1	-	-	-	-	-	-
Internal Medicine	28	28	24	-	4	-	-	-	-
Pediatrics, General	10	10	7	-	3	-	-	-	-
Pediatrics, Cardiology	1	1	1	-	-	-	-	-	-
Pulmonary Disease	4	4	3	-	1	-	-	-	-
Surgical Specialties									
Colon/Rectal Surgery	-	-	-	-	-	-	-	-	-
General Surgery	8	8	7	1	-	-	-	-	-
Neurological Surgery	1	1	1	-	-	-	-	-	-
Obstetrics/Gynecology	10	10	10	-	-	-	-	-	-
Ophthalmology	3	3	3	-	-	-	-	-	-
Orthopedic Surgery	3	3	3	-	-	-	-	-	-
Otolaryngology	4	4	3	-	1	-	-	-	-
Plastic Surgery	1	1	1	-	-	-	-	-	-
Thoracic Surgery	-	-	-	-	-	-	-	-	-
Urology	2	2	2	-	-	-	-	-	-
Other Specialties									
Anesthesiology	10	10	10	-	-	-	-	-	-
Child and Adolescent Psychiatry	1	1	1	-	-	-	-	-	-
Diagnostic Radiology	2	1	1	-	-	-	-	-	1
Emergency Medicine	11	11	7	-	4	-	-	-	-
Forensic Pathology	-	-	-	-	-	-	-	-	-
Medical Genetics	-	-	-	-	-	-	-	-	-
Medical Oncology	4	4	4	-	-	-	-	-	-
Neurology	2	2	1	-	1	-	-	-	-
Nuclear Medicine	-	-	-	-	-	-	-	-	-
Occupational Medicine	1	1	1	-	-	-	-	-	-
Pathology, Anatomical/Clinical	3	3	2	-	1	-	-	-	-
Physical Medicine/Rehabilitation	5	5	4	-	1	-	-	-	-
Psychiatry	3	3	2	-	1	-	-	-	-
Public Health & Gen Prev Medicine	-	-	-	-	-	-	-	-	-
Radiology	3	3	3	-	-	-	-	-	-
Radiation Oncology	-	-	-	-	-	-	-	-	-
Other Specialties	-	-	-	-	-	-	-	-	-
Unspecified Specialties	1	1	1	-	-	-	-	-	-
Inactive or not classified	44								
Not classified	3								

Source: American Medical Association (2025).

Figure 6: Physician Workforce by Specialty and Professional Activity in Rural Nevada

Specialty	Total Physicians	Patient Care				Other Professional Activity			
		Total Patient Care	Office Based	Hospital Based		Admin	Teaching	Research	Other
				Residents & Fellows	Hospital Staff				
Total Physicians	244	231	189	4	38	2	6	2	3
Family Medicine / General Practice									
Family Medicine	61	59	51	2	6	1	2	-	-
General Practice	4	4	1	-	3	-	-	-	-
Medical Specialties									
Allergy and Immunology	-	-	-	-	-	-	-	-	-
Cardiovascular Disease	3	2	2	-	-	-	1	-	-
Dermatology	4	4	4	-	-	-	-	-	-
Gastroenterology	-	-	-	-	-	-	-	-	-
Geriatric Medicine	1	1	1	-	-	-	-	-	-
Internal Medicine	39	36	34	-	2	-	1	1	1
Pediatrics, General	11	11	9	-	2	-	-	-	-
Pediatrics, Cardiology	-	-	-	-	-	-	-	-	-
Pulmonary Disease	-	-	-	-	-	-	-	-	-
Surgical Specialties									
Colon/Rectal Surgery	-	-	-	-	-	-	-	-	-
General Surgery	15	15	12	-	3	1	-	-	-
Neurological Surgery	-	-	-	-	-	-	-	-	-
Obstetrics/Gynecology	14	14	13	1	-	-	-	-	-
Ophthalmology	-	-	-	-	-	-	-	-	-
Orthopedic Surgery	20	20	16	-	4	-	-	-	-
Otolaryngology	2	2	1	-	1	-	-	-	-
Plastic Surgery	-	-	-	-	-	-	-	-	-
Thoracic Surgery	1	1	1	-	-	-	-	-	-
Urology	2	2	2	-	-	-	-	-	-
Other Specialties									
Anesthesiology	2	2	2	-	-	-	-	-	-
Child and Adolescent Psychiatry	2	2	2	-	-	-	-	-	-
Diagnostic Radiology	7	6	1	-	5	-	-	-	1
Emergency Medicine	27	26	16	-	10	-	1	-	-
Forensic Pathology	-	-	-	-	-	-	-	-	-
Medical Genetics	-	-	-	-	-	-	-	-	-
Medical Oncology	2	2	2	-	-	-	-	-	-
Neurology	1	1	-	-	1	-	-	-	-
Nuclear Medicine	-	-	-	-	-	-	-	-	-
Occupational Medicine	3	3	2	-	1	-	-	-	-
Pathology, Anatomical/Clinical	2	1	1	-	-	-	-	-	1
Physical Medicine/Rehabilitation	3	3	3	-	-	-	-	-	-
Psychiatry	3	2	2	-	-	-	1	-	-
Public Health & Gen Prev Medicine	3	2	2	-	-	-	-	1	-
Radiology	1	1	1	-	-	-	-	-	-
Radiation Oncology	1	1	-	-	1	-	-	-	-
Other Specialties	-	-	-	-	-	-	-	-	-
Unspecified Specialties	7	7	6	-	1	-	-	-	-
Inactive or not classified	83								
Not classified	10								

Source: American Medical Association (2025).

Figure 7: Number of Additional Physicians Needed to Meet the National Average by Specialty in Nevada

Specialty	Number of Physicians in Nevada	Number per 100,000 Population		Location Quotient (LQ)	Additional Number Needed to Meet National Average
		Nevada	US		
Total Physicians	7,183	219.8	297.1	0.7572	2,303
Family Medicine / General Practice					
Family Medicine	894	27.4	35.9	0.7806	251
General Practice	44	1.3	1.4	1.0121	(1)
Medical Specialties					
Allergy and Immunology	22	0.7	1.4	0.4851	23
Cardiovascular Disease	141	4.3	9.5	0.4636	163
Dermatology	76	2.3	4.5	0.5263	68
Gastroenterology	108	3.3	5.0	0.6775	51
Geriatric Medicine	51	9.9	11.8	0.7797	14
Internal Medicine	1,543	47.2	53.0	0.9116	150
Pediatrics	456	63.4	126.8	0.5257	411
Pediatrics, Cardiology	18	2.5	4.5	0.5871	14
Pulmonary Disease	97	3.0	4.8	0.6304	57
Surgical Specialties					
Colon/Rectal Surgery	16	0.5	0.6	0.7721	5
General Surgery	321	9.8	11.3	0.8860	41
Neurological Surgery	25	0.8	2.1	0.3786	41
Obstetrics/Gynecology	367	53.9	80.1	0.8203	80
Ophthalmology	116	3.6	5.7	0.6391	66
Orthopedic Surgery	214	6.5	8.7	0.7749	62
Otolaryngology	58	1.8	3.4	0.5367	50
Plastic Surgery	64	2.0	2.8	0.7284	24
Thoracic Surgery	26	0.8	2.7	0.2971	62
Urology	56	1.7	3.5	0.4988	56
Other Specialties					
Anesthesiology	502	15.4	15.1	1.0437	(21)
Child and Adolescent Psychiatry	51	7.1	14.2	0.5254	46
Diagnostic Radiology	177	5.4	7.7	0.7171	70
Emergency Medicine	506	15.5	16.2	0.9798	10
Forensic Pathology	9	0.3	0.2	1.2226	(2)
Medical Genetics	4	0.1	0.2	0.5096	4
Medical Oncology	78	2.4	6.4	0.3823	126
Neurology	128	3.9	6.8	0.5859	90
Nuclear Medicine	3	0.1	0.3	0.2710	8
Occupational Medicine	17	0.5	0.6	0.9504	1
Pathology, Anatomical/Clinical	86	2.6	5.2	0.5185	80
Physical Medicine/Rehabilitation	146	4.5	5.4	0.8504	26
Psychiatry	285	8.7	12.2	0.7308	105
Public Health & Gen Prev Medicine	21	0.6	1.1	0.6004	14
Radiology	80	2.4	4.0	0.6313	47
Radiation Oncology	38	1.2	1.7	0.7048	16
Other and Unspecified Specialties	339	10.4	9.6	1.1039	(32)

Source: American Medical Association (2025).

Notes: The shaded figures in this table represent Nevada rates below the national average for a given medical specialty. A location quotient (LQ) for an occupation in Nevada is a measure of the occupation's concentration within the state or a region of the state compared to the national average. An LQ greater than 1.0 indicates a higher concentration of an occupation than the national average. An LQ below 1.0 represents a lower concentration of an occupation in the state or a region of the state than the national average. Physicians and most health care occupations in Nevada have LQs below the national average (1.0).

Figure 8: Physician Average Age of Physicians by Specialty in Nevada

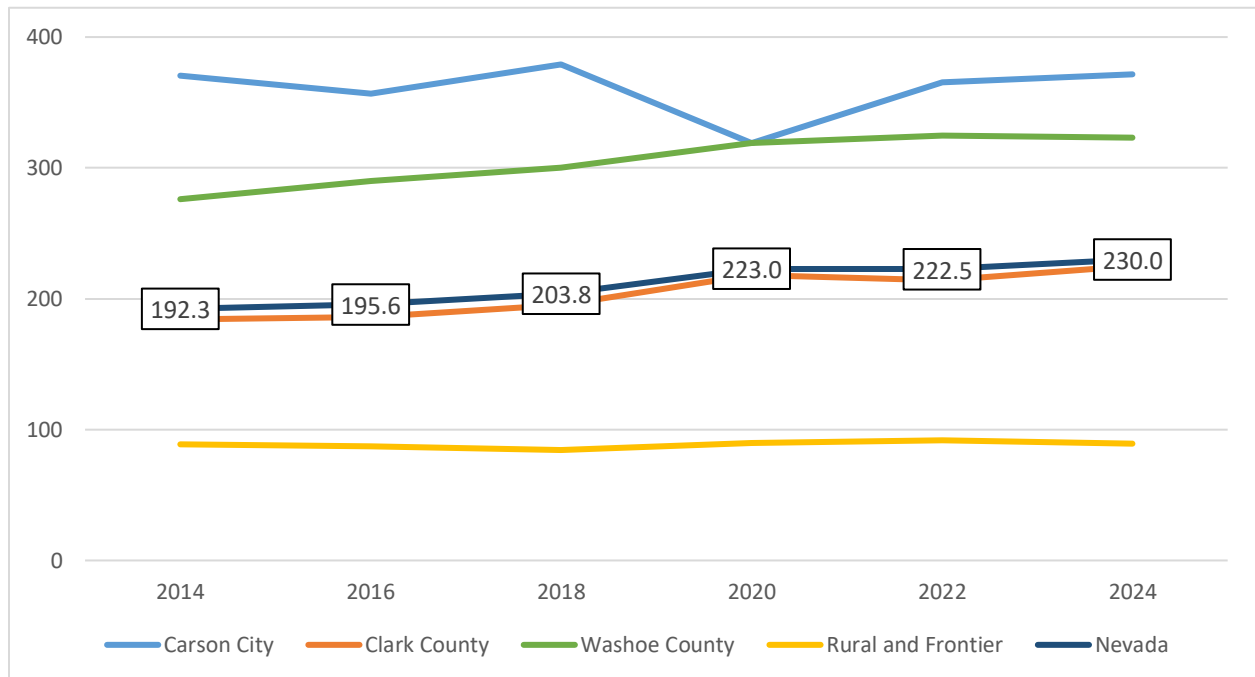
Specialty	Number of Active Physicians in Nevada	Average Age	Physicians Aged 55 and Over	
			Number	Percent
Total Physicians	7,183	54.8	3,134	43.6
Family Medicine / General Practice				
Family Medicine	894	49.1	373	41.7
General Practice	44	69.2	42	95.5
Medical Specialties				
Allergy and Immunology	22	67.8	12	54.5
Cardiovascular Disease	141	57.3	101	74.6
Dermatology	76	46.1	32	42.1
Gastroenterology	108	52.4	54	50.0
Geriatric Medicine	51	57.7	25	49.0
Internal Medicine	1,543	51.3	574	37.2
Pediatrics, General	456	51.9	200	43.9
Pediatrics, Cardiology	18	57.7	12	66.7
Pulmonary Disease	97	54.3	37	38.1
Surgical Specialties				
Colon/Rectal Surgery	16	50.7	4	25.0
General Surgery	321	54.3	126	39.3
Neurological Surgery	25	56.9	15	60.0
Obstetrics/Gynecology	367	56.1	178	48.5
Ophthalmology	116	57.4	76	65.5
Orthopedic Surgery	214	54.8	93	43.5
Otolaryngology	58	54.8	36	62.1
Plastic Surgery	64	47.6	34	53.1
Thoracic Surgery	26	63.2	15	57.7
Urology	56	59.9	39	69.6
Other Specialties				
Anesthesiology	502	49.7	262	52.2
Child and Adolescent Psychiatry	51	49.0	14	27.5
Diagnostic Radiology	177	56.5	112	63.3
Emergency Medicine	506	46.2	149	29.4
Forensic Pathology	9	58.9	6	66.7
Medical Genetics	4	55.3	3	75.0
Medical Oncology	78	53.2	44	56.4
Neurology	128	51.7	66	51.6
Nuclear Medicine	3	51.7	1	33.3
Occupational Medicine	17	63.8	14	82.4
Pathology, Anatomical/Clinical	86	55.6	55	64.0
Physical Medicine/Rehabilitation	146	43.1	63	43.2
Psychiatry	285	52.9	120	42.1
Public Health & Gen Prev Medicine	21	64.4	16	76.2
Radiology	80	50.7	27	33.8
Radiation Oncology	38	55.9	24	63.2
Other Specialties	56	61.4	28	50.0
Unspecified Specialties	283	48.0	52	18.4

Source: American Medical Association (2025).

Figure 9: Licensed Physicians in Nevada

County/Region	Licensed Physicians (MDs and DOs)						Change – 2014 to 2024	
	2014	2016	2018	2020	2022	2024	Number	Percent
Carson City	200	197	199	180	210	221	21	10.5
Clark County	3,811	4,036	4,395	5,056	5,068	5,392	1,581	41.5
Washoe County	1,206	1,299	1,381	1,512	1,611	1,672	466	38.6
Rural & Frontier	252	248	241	265	275	282	30	11.9
Nevada	5,469	5,780	6,216	7,013	7,164	7,567	2,098	27.7
Out of State Licenses	2,651	3,152	3,695	4,115	5,118	6,265	3,614	136.3
Nevada – Total	8,120	8,932	9,911	11,128	12,762	13,646	5,526	68.1

Source: Nevada Instant Atlas (2025) utilizing unpublished data from the Nevada State Board of Medical Examiners and the Nevada State Board of Osteopathic Medicine.

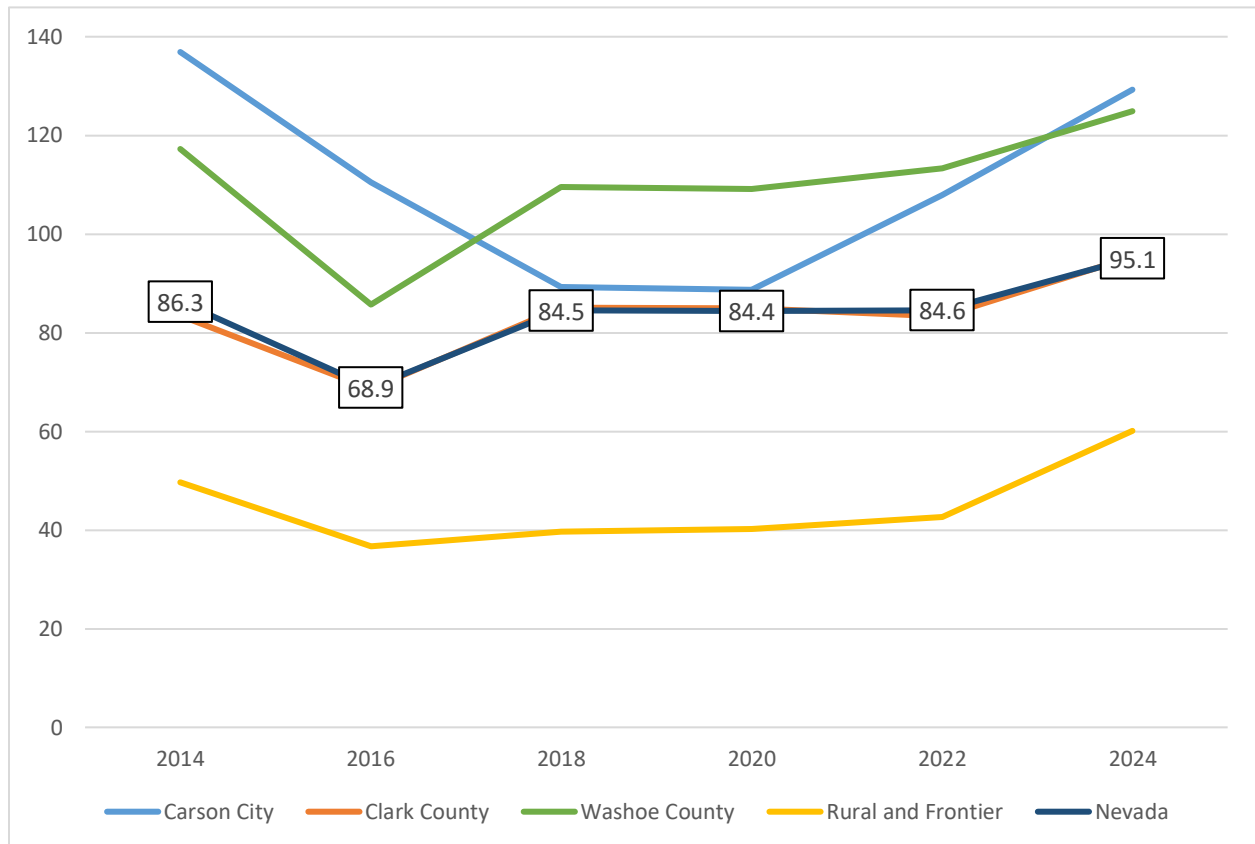
Figure 10: Licensed Physicians per 100,000 Population in Nevada – 2014 to 2024

Source: Nevada Instant Atlas (2025) utilizing unpublished data from the Nevada State Board of Medical Examiners and the Nevada State Board of Osteopathic Medicine.

Figure 11: Licensed Primary Care Physicians in Nevada – 2014 to 2024

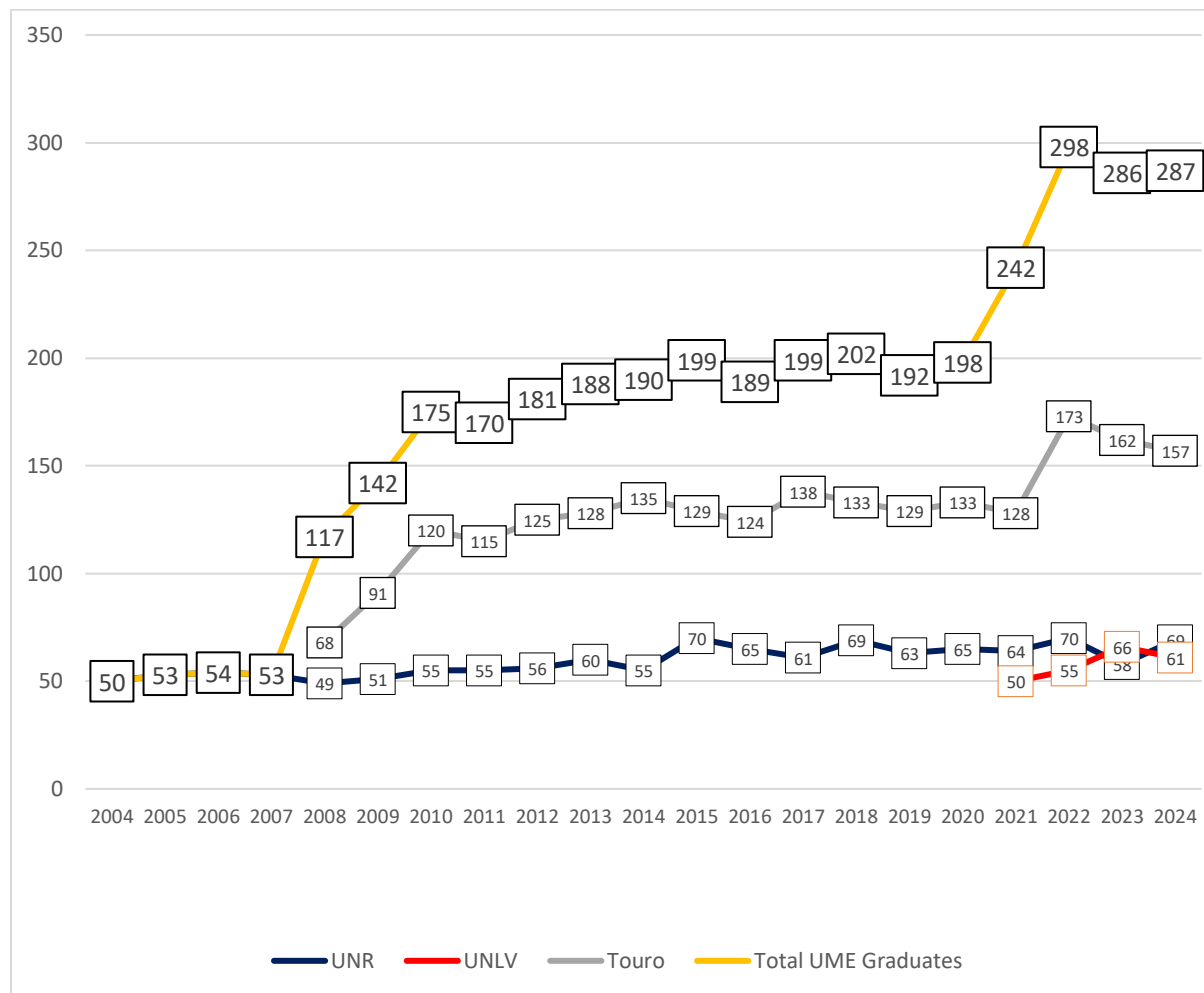
County/Region	Licensed Primary Care Physicians (MDs and DOs)						Change – 2014 to 2024	
	2014	2016	2018	2020	2022	2024	Number	Percent
Carson City	75	61	50	50	47	77	2	2.7
Clark County	1,713	1,485	1,921	1,977	1,680	2,298	585	34.2
Washoe County	513	384	504	523	534	647	134	26.1
Rural & Frontier	141	104	116	119	114	119	-22	-15.6
Nevada	2,442	2,034	2,575	2,669	2,375	3,141	699	28.6

Source: Nevada Instant Atlas (2025) utilizing unpublished data from the Nevada State Board of Medical Examiners and the Nevada State Board of Osteopathic Medicine.

Figure 12: Licensed Primary Care Physicians per 100,000 Population in Nevada – 2014 to 2024

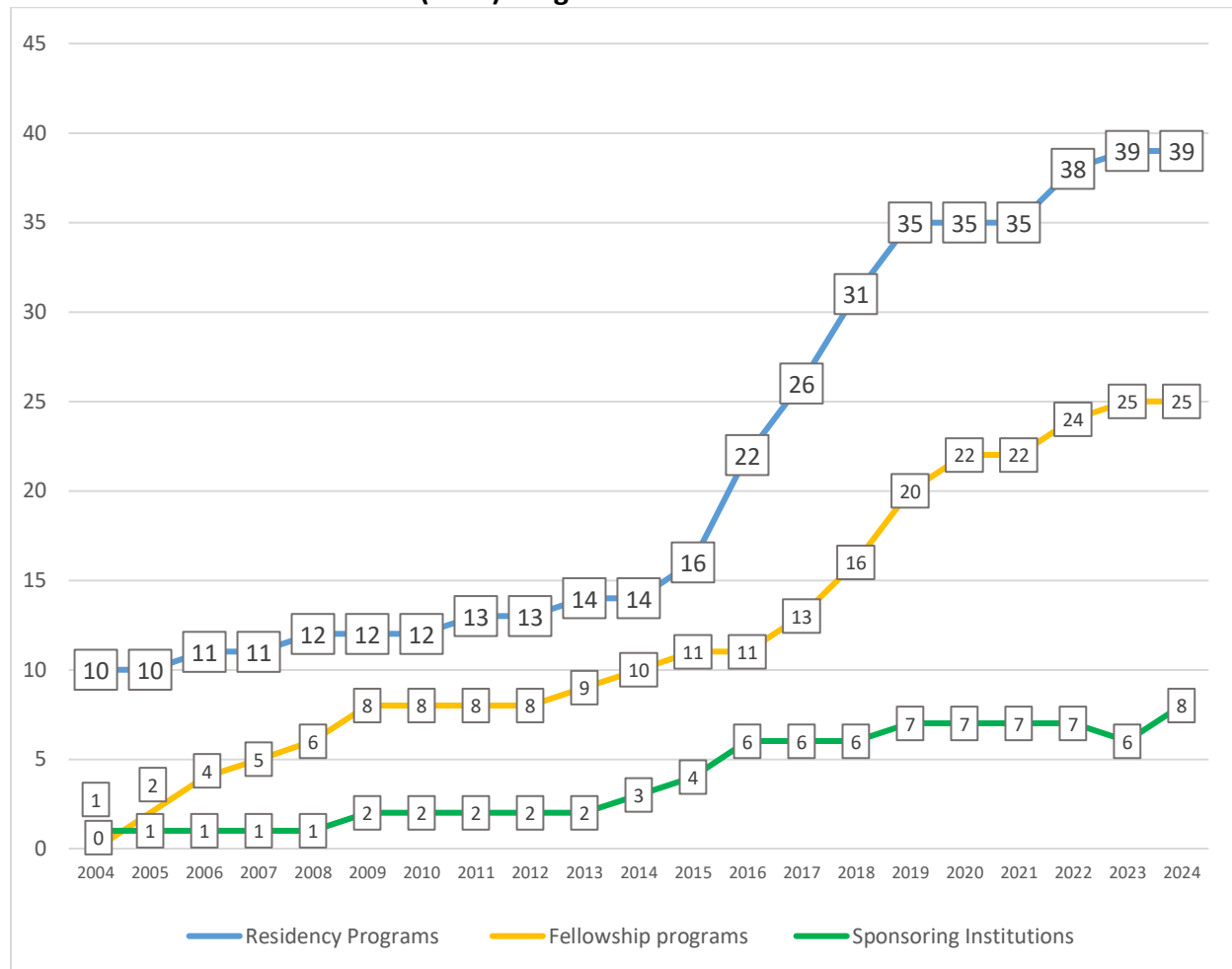
Source: Nevada Instant Atlas (2025) utilizing unpublished data from the Nevada State Board of Medical Examiners and the Nevada State Board of Osteopathic Medicine.

Figure 13: Nevada Undergraduate Medical Education (UME) Graduates – 2004 to 2024



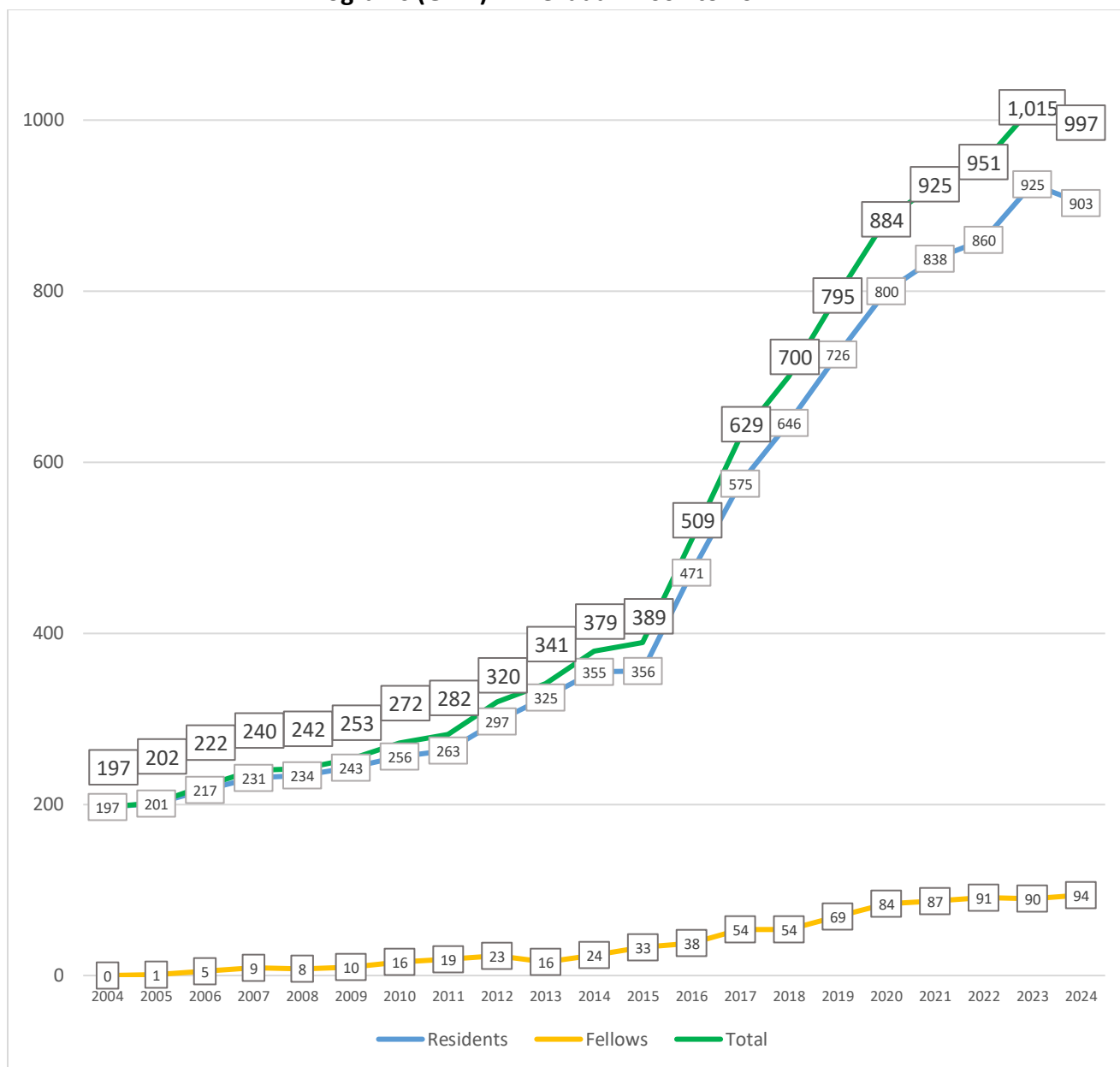
Source: Unpublished data collected by the Nevada Health Workforce Research Center.

Figure 14: Number of ACGME-Accredited Sponsoring Institutions and Graduate Medical Education (GME) Programs in Nevada – 2004 to 2024



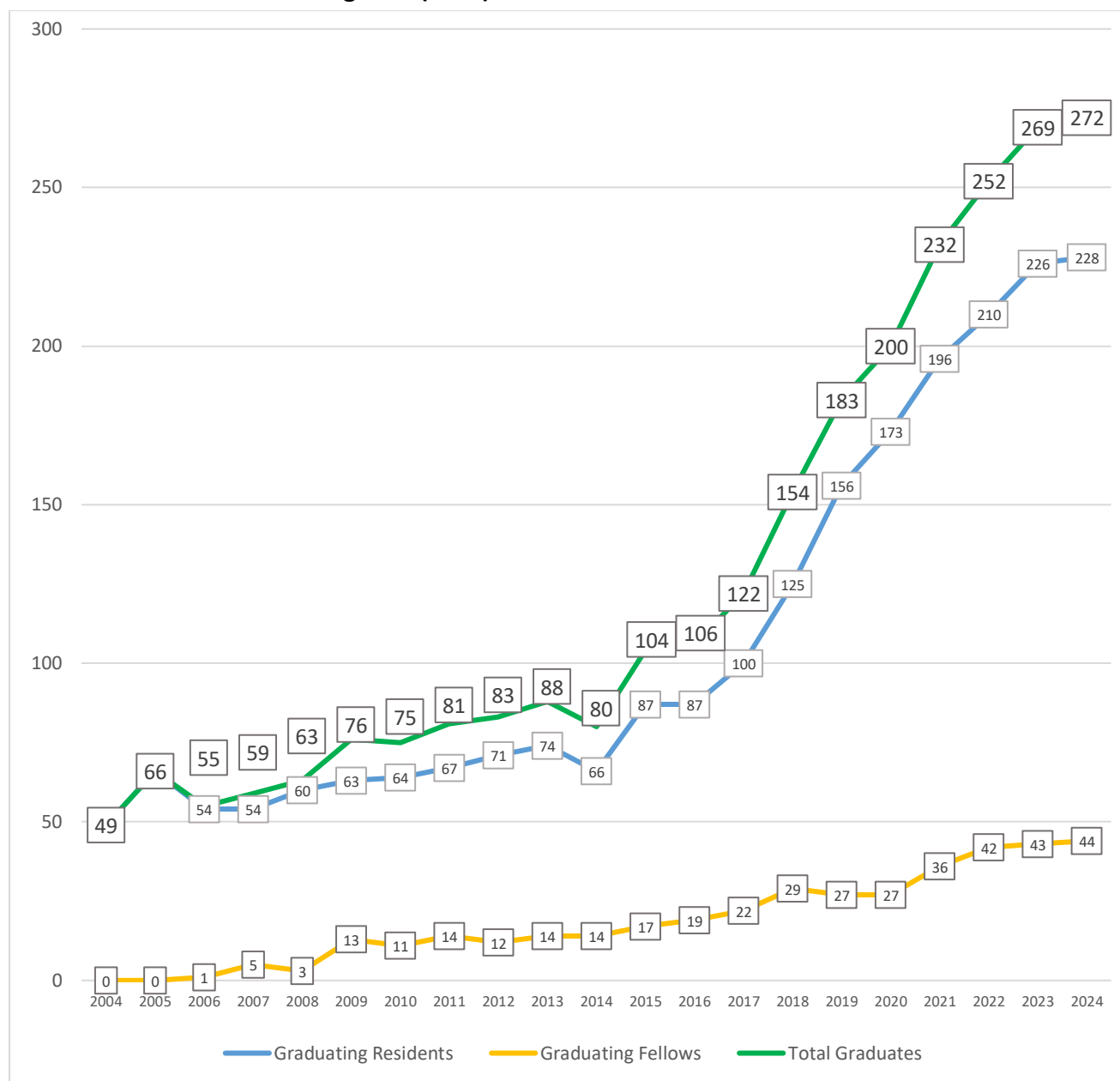
Source: Accreditation Council on Graduate Medical Education (2024).

Figure 15: Number of Physicians in ACGME-Accredited Residency and Fellowship Programs (GME) in Nevada – 2004 to 2024



Source: Accreditation Council on Graduate Medical Education (2024)

Figure 16: Number of Physicians Completing ACGME-Accredited Residency and Fellowship Programs (GME) in Nevada – 2004 to 2024



Source: Accreditation Council on Graduate Medical Education (2024).

Figure 17: Number of MD and DO Graduates from Accredited Undergraduate Medical Education (UME) and Graduate Medical Education (GME) Programs in Nevada – 2004 to 2024

Program	Graduates		Change – 2004 to 2024	
	2004	2024	Number	Percent
UME Program Graduates (MD & DO)				
Number	50	287	237	474.0
Number per 100,000 Population	2.1	8.7	6.6	314.3
GME Program Graduates				
Number	49	272	223	455.1
Number per 100,000 Population	2.0	8.3	6.3	315.0

Source: Association of American Medical Colleges (2025).

Figure 18: Primary Medical Care Health Professional Shortage Areas (HPSAs) in Nevada – 2025

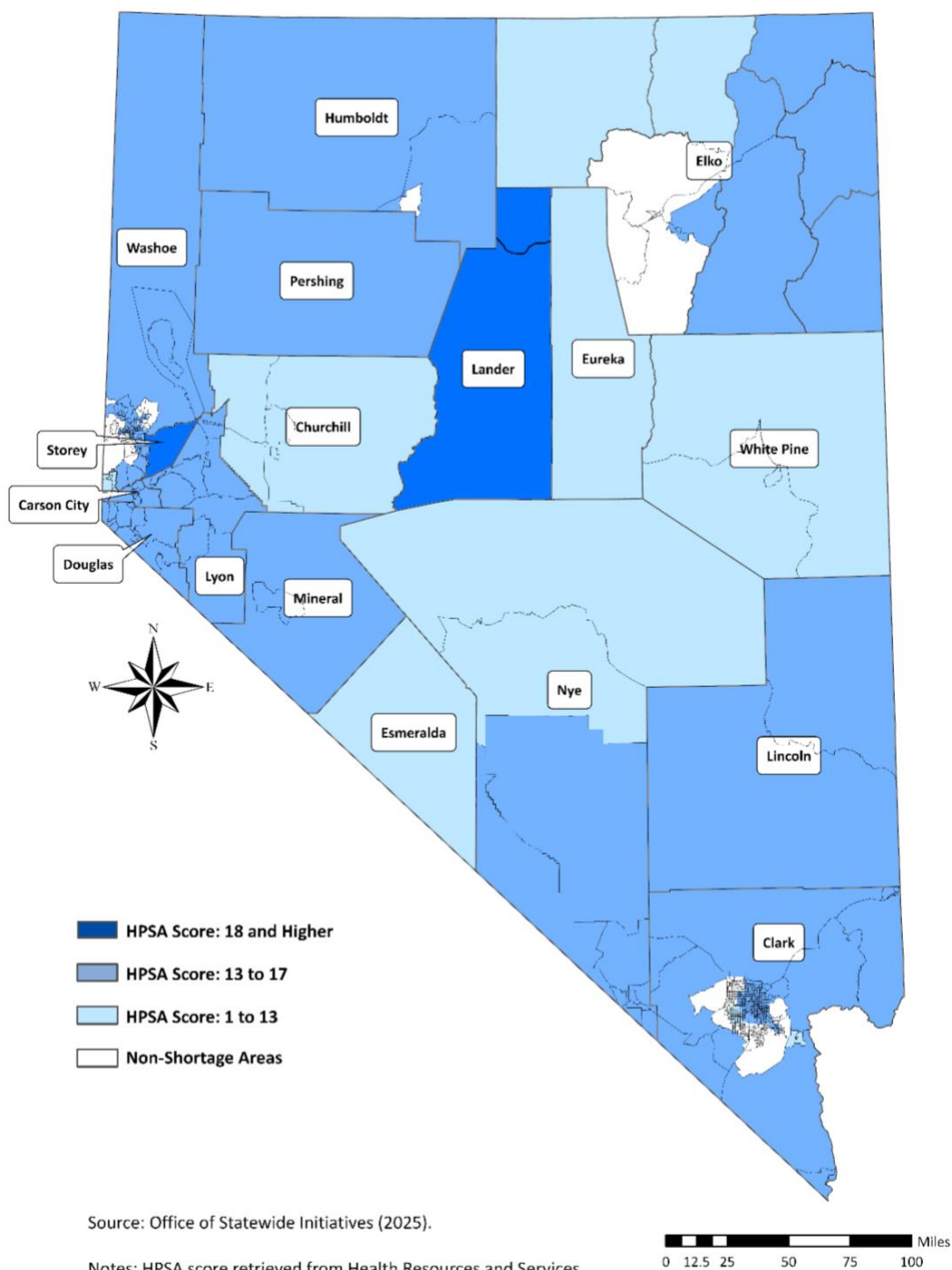
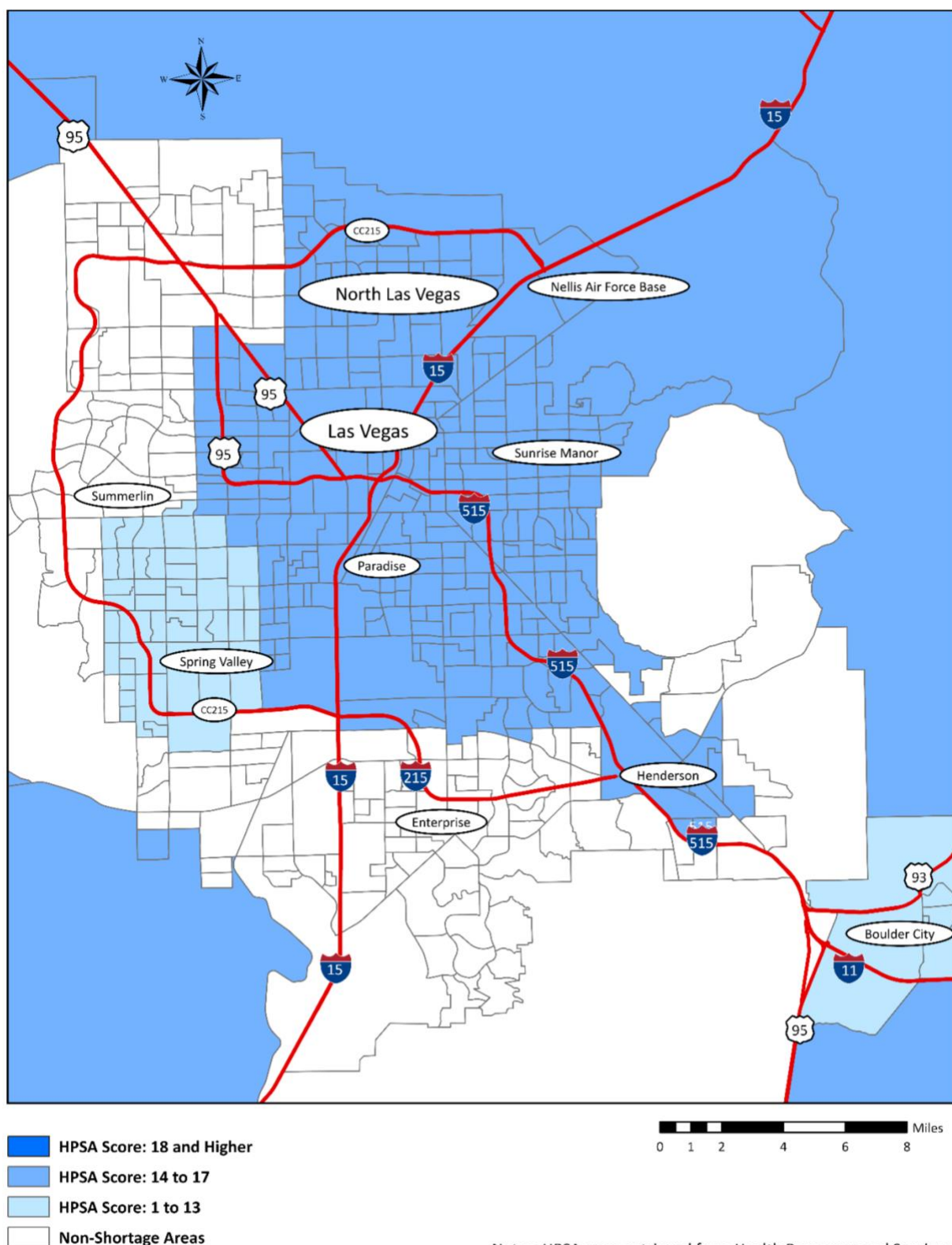


Figure 19: Primary Medical Care Health Professional Shortage Areas (HPSAs) in Southern Nevada – 2025



Source: Office of Statewide Initiatives (2025).

Figure 20: Primary Medical Care Health Professional Shortage Areas (HPSAs) in Northern Nevada – 2025

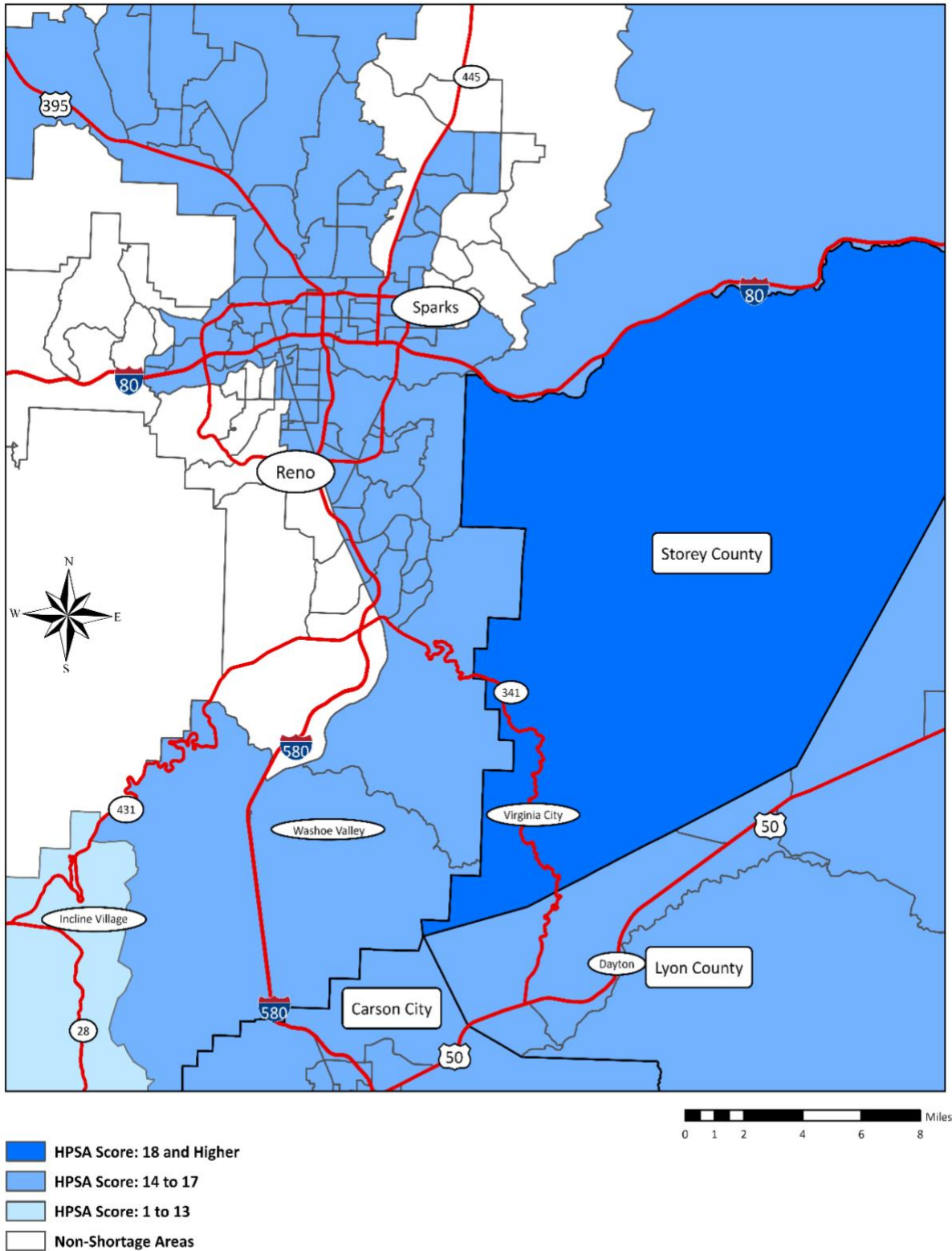


Figure 21: Mental Health Professional Shortage Areas (HPSAs) in Nevada – 2025

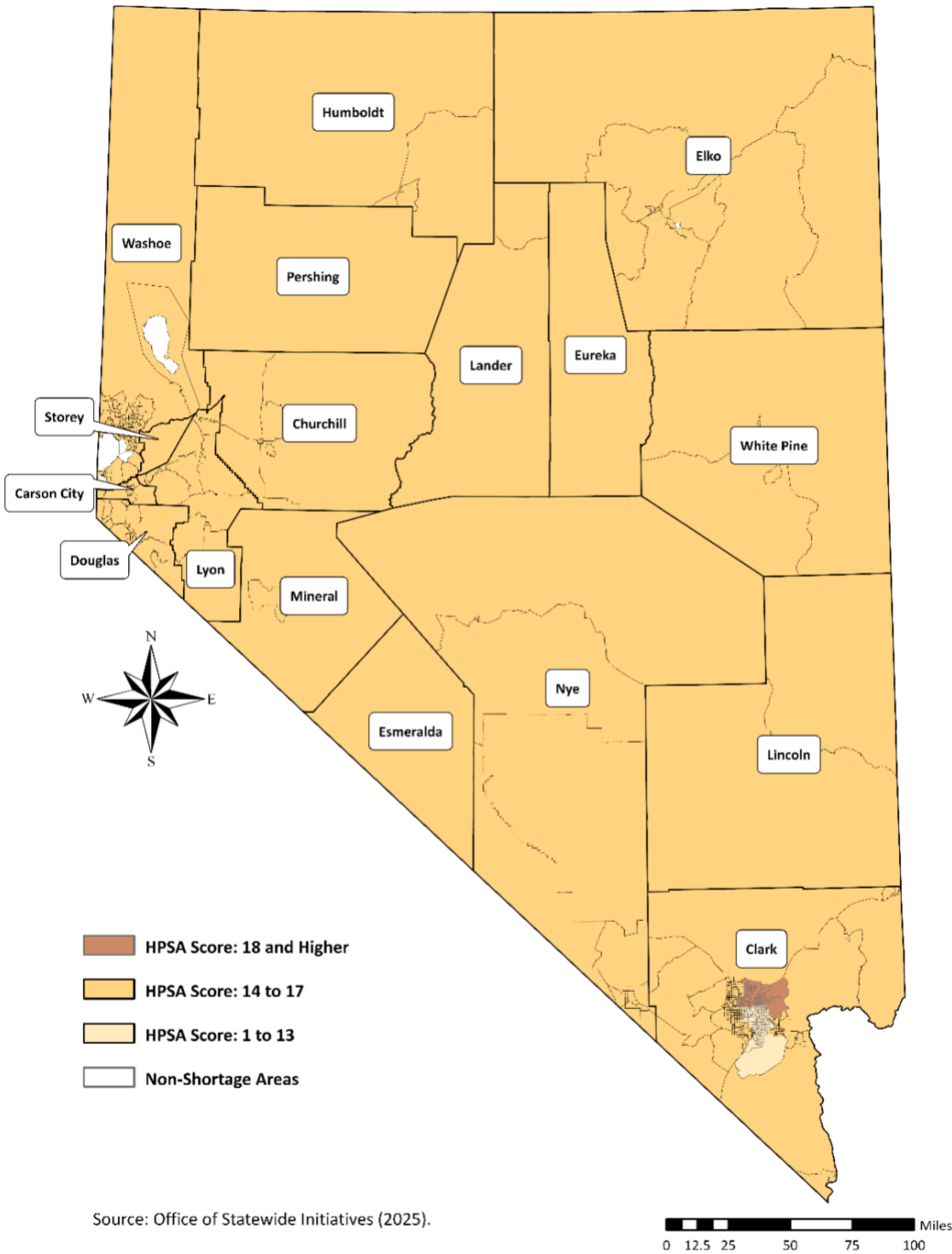


Figure 22: Mental Health Professional Shortage Areas (HPSAs) in Southern Nevada – 2025

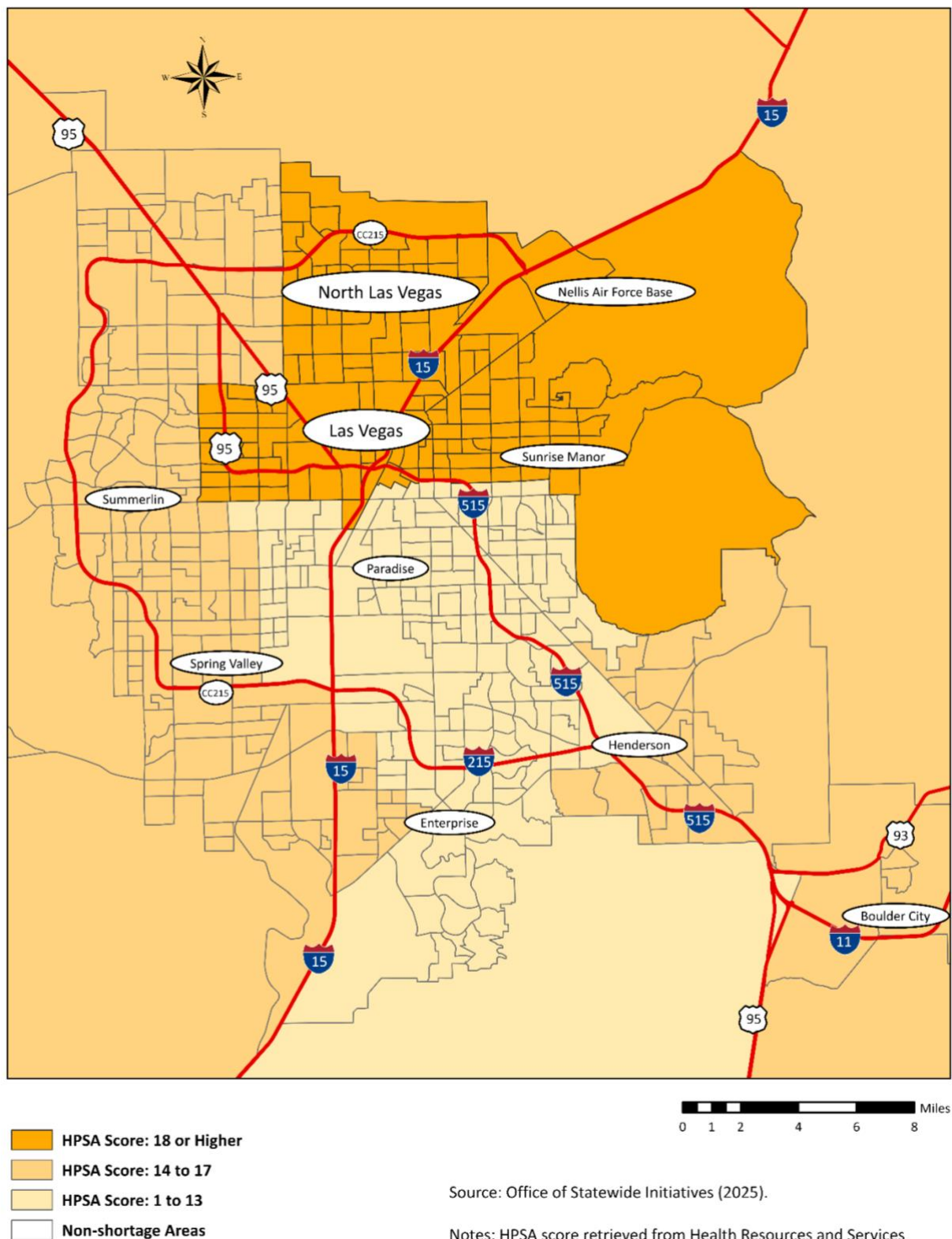
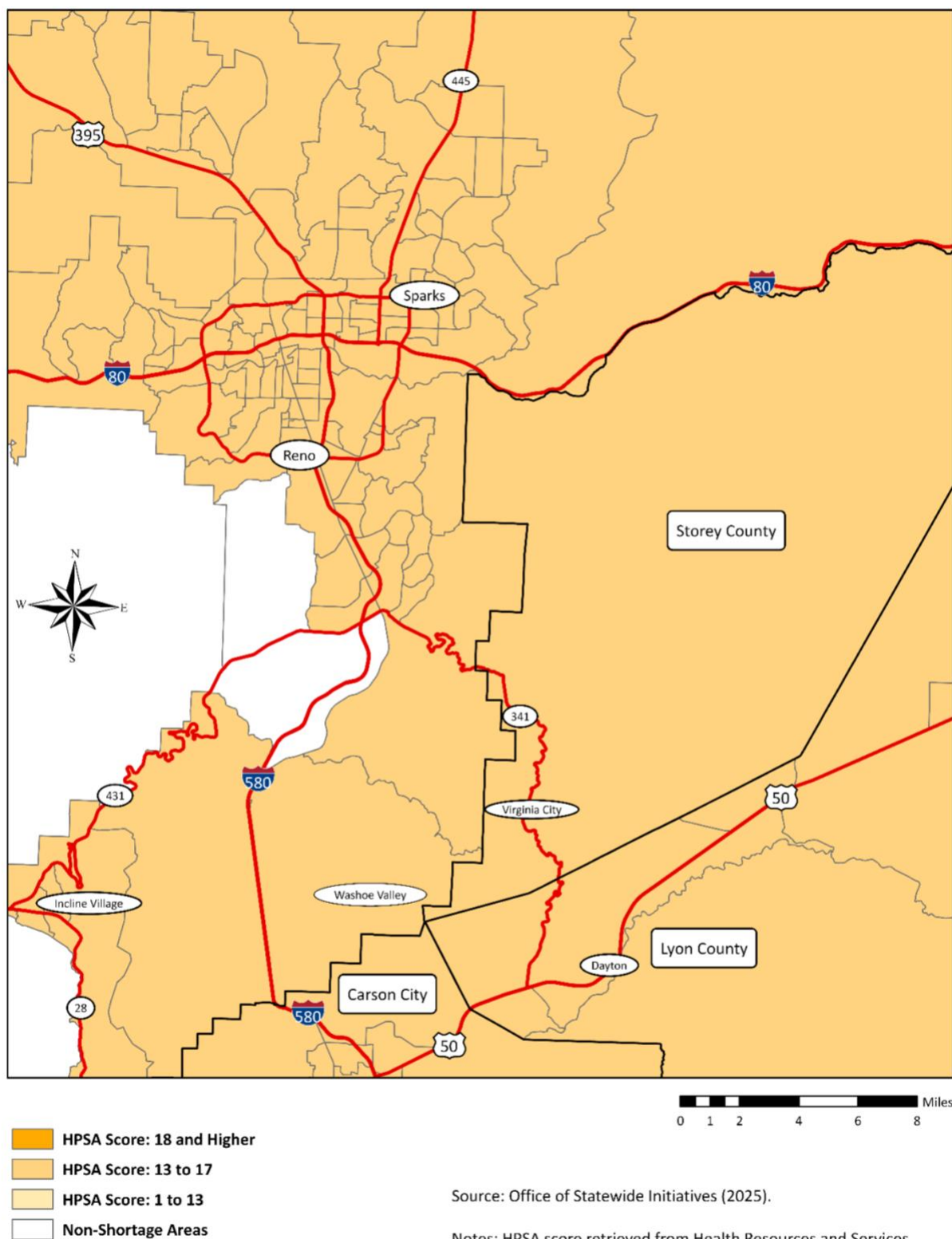


Figure 23: Mental Health Professional Shortage Areas (HPSAs) in Northern Nevada – 2025



**Figure 24: Population Residing in Health Professional Shortage Areas (HPSAs)
in Nevada — 2025**

Region/County	Population Residing in Health Professional Shortage Areas (HPSAs)						Population
	Primary Care HPSAs		Dental HPSAs		Mental HPSAs		
	Number	Percent of Population	Number	Percent of Population	Number	Percent of Population	
Rural and Frontier							
Churchill County	26,704	100.0	26,704	100.0	26,704	100.0	26,704
Douglas County	54,958	100.0	54,958	100.0	54,958	100.0	54,958
Elko County	26,260	46.5	5,183	9.2	56,498	100.0	56,498
Esmeralda County	1,128	100.0	1,128	100.0	1,128	100.0	1,128
Eureka County	1,992	100.0	1,992	100.0	1,992	100.0	1,992
Humboldt County	13,899	78.1	13,899	78.1	17,793	100.0	17,793
Lander County	6,345	100.0	6,345	100.0	6,345	100.0	6,345
Lincoln County	4,991	100.0	4,991	100.0	4,991	100.0	4,991
Lyon County	63,408	100.0	63,408	100.0	63,408	100.0	63,408
Mineral County	4,834	100.0	4,834	100.0	4,834	100.0	4,834
Nye County	53,542	100.0	53,542	100.0	53,542	100.0	53,542
Pershing County	7,341	100.0	7,341	100.0	7,341	100.0	7,341
Storey County	4,947	100.0	4,947	100.0	4,947	100.0	4,947
White Pine County	10,355	100.0	10,355	100.0	10,355	100.0	10,355
Region Subtotal	280,704	89.2	259,627	82.5	314,836	100.0	314,836
Urban							
Carson City	59,116	100.0	59,116	100.0	59,116	100.0	59,116
Clark County	1,419,193	57.2	1,364,447	55.0	2,259,183	91.0	2,482,619
Washoe County	436,125	82.5	287,469	54.0	456,571	86.4	528,375
Region Subtotal	1,914,434	62.4	1,711,032	55.7	2,774,870	90.4	3,071,110
Nevada — Total	2,195,138	64.9	1,970,659	58.2	3,089,706	91.3	3,384,946

Source: Health Resources and Services Administration (2025) and Nevada State Demographer's Office (2025).

Notes: Data in this table are preliminary estimates of the population residing in health professional shortage areas (HPSA) at the county, regional, and state levels based on current population data from the American Community Survey and the Nevada State Demographer's Office.

References and Data Sources

American Medical Association. (2025). *AMA Physician Masterfile for Nevada*. Data retrieved on December 1, 2024. <https://ama-assn.org>

Association of American Medical Colleges. (2025). *AAMC Workforce Studies Data Snapshots*. Data retrieved on April 1, 2025. <https://www.aamc.org>

Griswold, et al. (2024). *Graduate Medical Education Trends in Nevada – 2024*. University of Nevada, School of Medicine. Reno, NV. <https://med.unr.edu/statewide>

Griswold, et al. (2025). *Nevada Rural and Frontier Health Data Book – Twelfth Edition*. University of Nevada, Reno School of Medicine. Reno, NV. <https://med.unr.edu/statewide>

Health Resources and Services Administration. (2025). *HPSA Find Tool*. <https://data.hrsa.gov/tools/shortage-area/hpsa-find>

Nevada Instant Atlas website: <https://med.unr.edu/statewide/nevada-instant-atlas>

Nevada State Board of Medical Examiners (2004 to 2024). Unpublished allopathic physician licensure data. Reno, NV. For more information: <http://medboard.nv.gov>

Nevada State Board of Osteopathic Medicine (2004 to 2024). Unpublished osteopathic physician licensure data. Henderson, NV. For more information: www.osteop.state.nv.us

Nevada State Demographer (2025). Unpublished population estimates. Reno, NV. For additional information: https://tax.nv.gov/Publications/Population_Statistics_and_Reports

Appendix A: Definitions

This Appendix provides definitions and explanations of the specific physician attributes included in the tabulations of this publication. These materials are presented as a common reference base to facilitate analysis and interpretation of the data.

Major Professional Activity

Major professional activity (MPA) classifications are reported by physicians in the Physicians' Practice Arrangements (PPA) questionnaire. The physician's professional activity is shown in the two categories of Patient Care and Nonpatient Care, the latter category being referred to as Other Professional Activity.

Patient Care activities include Office-Based practice and Hospital-Based practice and Hospital-Based practice. Physicians in Residency training (including Clinical Fellows) and full-time members of Hospital Staffs comprise Hospital-based practice. Other Professional Activity includes Administration, Medical Teaching, Research, and Other Activities. The subcategory Clinical Fellows is no longer tabulated; physicians formerly counted as Clinical Fellows are now in the category Residents/Fellows and are tabulated as Residents.

Physicians who are retired, semi-retired, working part-time, temporarily not in practice, or not active for other reasons are classified as Inactive. Physicians are categorized as Not Classified if the American Medical Association (AMA) has not received any recent information as to their type of practice and present employment.

Following are definitions of each of the MPA categories.

Office-Based Practice includes physicians engaged in seeing patients. Physicians may be in solo practice, group practice, two-physician practice, or other patient care employment. This category also includes physicians in patient services such as those provided by pathologist and radiologists.

Hospital-Based Practice includes physicians employed under contract with hospitals to provide direct patient care.

Residents – All Years includes any physicians in supervised practice of medicine among patients in a hospital or in its outpatient department, with continued instruction in the science and art of medicine by the staff of the facility. This category also includes clinical fellows in advanced training in the clinical divisions of medicine, surgery, and other specialty fields preparing for practice in a given specialty. These physicians are engaged primarily in patient care.

Medical Teaching includes physicians with teaching appointments in medical schools, hospitals, nursing schools, or other institutions of higher learning.

Medical Research includes physicians in activities (funded or non-funded) performed to develop new medical knowledge, potentially leading to publication. This category also includes physicians in research fellowship programs distinct from an accredited residency program and those primarily engaged in nonpatient care.

Administration includes physicians in administrative activities in a hospital, health facility, health agency, clinic, group, or any similar organization.

Other Activity includes physicians employed by insurance carriers, pharmaceutical companies, societies, associations, grants, foreign countries, and the like.

Inactives includes physicians who are retired, semi-retired, working part-time, temporarily not in practice, or not active for other reasons and who indicated they worked 20 hours or less per week.

Not Classified includes physicians who did not provide information on their type of practice or their present employment.

Self-Designated Practice Specialty

A physician's self-designated practice specialty (SDPS) is determined, like major professional activity, by the physician from a list of codes included with the PPA Questionnaire. Tables 1.8 and 1.9 provide all specialties listed on the PPA Questionnaire and maintained on the Masterfile for which there is at least one physician designating it as their area of practice. Specialty classifications based on the 40 specialties used by the AMA for statistical purposes are listed in Appendix A.

In the specialty tabulations presented in the Physician Trends, Physician Characteristics, Physician Distribution, and Analysis of Activity by Specialty chapters of the book, the specialties of Family Medicine (FM), General Practice (GP), Internal Medicine (IM), Obstetrics/Gynecology (OBG), and Pediatrics (PD) include both the general primary care specialties and their respective subspecialties as listed in the specialty abbreviations appearing in Appendix A. However, in the primary care chapter, the data are presented separately for the general primary care specialties and the primary care subspecialties.

Appendix B: Specialties and Subspecialties as Defined by the American Medical Association

Allergy and Immunology (AI)

Allergy (A)
Allergy and Immunology/Clinical and Laboratory Immunology (ALI)
Immunology (IG)

Aerospace Medicine (AM)

Anesthesiology (AN)

Adult Cardiothoracic Anesthesiology (ACA)
Pain Medicine (Anesthesiology) (APM)
Critical Care (Anesthesiology) (CCA)
Hospice and Palliative Medicine (Anesthesiology) (HPA)
Obstetric Anesthesiology (Anesthesiology) (OAN)
Pain Management (PME)

Cardiovascular Disease (CD)

Child and Adolescent Psychiatry (CHP)

Colon and Rectal Surgery (CRS)

Proctology (PRO)

Dermatology (D)

Clinical and Laboratory Dermatological Immunology (DDL)
Procedural Dermatology (PRD)

Diagnostic Radiology (DR)

Cardiothoracic Radiology (CTR)

Emergency Medicine (EM)

Critical Care Medicine (Emergency Medicine) (CCE)
Emergency Medical Services (EMS)
Sports Medicine (Emergency Medicine) (ESM)
Medical Toxicology (Emergency Medicine) (ETX)
Hospice and Palliative Medicine (Emergency Medicine) (HPE)
Pediatric Emergency Medicine (Emergency Medicine) (PE)
Urgent Care Medicine (UCM)
Undersea Medicine (Emergency Medicine) (UME)

Forensic Pathology (FOP)

Family Medicine (FM)

Adolescent Medicine for Family Practice (AMF)
Family Medicine/Preventive Medicine (FMP)
Geriatric Medicine (Family Medicine) (FPG)
Sports Medicine (Family Medicine) (FSM)
Hospice and Palliative Medicine (Family Medicine) (HPF)

Gastroenterology (GE)

General Practice (GP)

General Preventive Medicine (GPM)

Clinical Informatics (Preventive Medicine) (CIM)
Medical Toxicology (Preventive Medicine) (PTX)
Undersea Medicine (Preventive Medicine) (UM)

General Surgery (GS)

Abdominal Surgery (AS)
Complex General Surgical Oncology (Surgery) (ASO)
Surgical Critical Care (Surgery) (CCS)
Craniofacial Surgery (CFS)
Dermatologic Surgery (DS)
Head and Neck Surgery (HNS)
Hand Surgery (HS)
Hospice and Palliative Medicine (Surgery) (HPS)
Hand Surgery (Surgery) (HSS)
Oral and Maxillofacial Surgery (OMF)
Pediatric Cardiothoracic Surgery (PCS)
Pediatric Surgery (Surgery) (PDS)
Surgical Oncology (SO)
Trauma Surgery (TRS)
Vascular Surgery (VS)

Internal Medicine (IM)

Advanced Heart Failure and Transplant Cardiology (Internal Medicine) (AHF)
Adolescent Medicine (AMI)
Critical Care Medicine (Internal Medicine) (CCM)
Diabetes (DIA)
Endocrinology, Diabetes and Metabolism (END)
Hematology (Internal Medicine) (HEM)
Hepatology (HEP)
Hepatology/Oncology (HO)
Hospitalist (HOS)
Hospice and Palliative Medicine (Internal Medicine) (HPI)
Interventional Cardiology (IC)
Cardiac Electrophysiology (ICE)
Infectious Diseases (ID)
Clinical and Laboratory Immunology (Internal Medicine) (ILI)
Geriatric Medicine (IMG)
Sports Medicine (Internal Medicine) (ISM)
Nuclear Cardiology (NC)
Nephrology (NEP)
Nutrition (NTR)
Medical Oncology (ON)
Rheumatology (RHU)
Sleep Medicine (Internal Medicine) (SMI)
Transplant Hepatology (Internal Medicine) (THP)

Medical Genetics (MG)

Clinical Biochemical Genetics (CBG)
Clinical Cytogenetics (CCG)
Clinical Genetics (CG)
Clinical Molecular Genetics (CMG)
Medical Biochemical Genetics (MBG)
Molecular Genetics Pathology (Medical Genetics) (MGG)

Neurology (N)

Child Neurology (CHN)
Clinical Neurophysiology (CN)
Endovascular Surgical Neuroradiology (Neurology) (ENR)
Epilepsy (Neurology) (EPL)
Hospice and Palliative Medicine (Psychiatry and Neurology) (HPN)
Pain Medicine (Neurology) (PMN)
Sleep Medicine (Psychiatry and Neurology) (SMN)
Vascular Neurology (VN)

Nuclear Medicine (NM)

Neurological Surgery (NS)

Endovascular Surgical Neuroradiology (ES)
Endovascular Surgical Neuroradiology (ESN)
Pediatric Surgery (Neurology) (NSP)

Obstetrics and Gynecology (OBG)

Female Pelvic Medicine and Reconstructive Surgery (Obstetrics and Gynecology) (FPR)
Gynecological Oncology (GO)
Gynecology (GYN)
Hospice and Palliative Medicine (Obstetrics and Gynecology) (HPO)
Maternal and Fetal Medicine (MFM)
Obstetrics (OBS)
Critical Care Medicine (Obstetrics and Gynecology) (OCC)
Reproductive Endocrinologist (REN)

Occupational Medicine (OM)

Ophthalmology (OPH)

Ophthalmic Plastic and Reconstructive Surgery (OPR)
Pediatric Ophthalmology (PO)

Specialties and Subspecialties as Defined by the American Medical Association (continued)

Orthopedic Surgery (ORS)

Hand Surgery (Orthopedic Surgery) (HSO)
Adult Reconstructive Orthopedics (OAR)
Orthopedics, Foot and Ankle (OFA)
Osteopathic Manipulative Medicine (OMM)
Musculoskeletal Oncology (OMO)
Pediatric Orthopedics (PO)
Sports Medicine (Orthopedic Surgery) (OSM)
Orthopedic Surgery of the Spine (OSS)
Orthopedic Trauma (OTR)

Other Specialty (OS)

Addiction Medicine (ADM)
Pediatric Psychiatry/Child Psychiatry (CPP)
Emergency Medicine/Family Medicine (EFM)
Pediatrics/Emergency Medicine (EMP)
Epidemiology (EP)
Family Medicine/Psychiatry (FPP)
Hospice and Palliative Medicine (HPM)
Internal Medicine/Emergency Medicine/Critical Care Medicine (IEC)
Internal Medicine/Family Medicine (IFP)
Internal Medicine/Dermatology (IMD)
Internal Medicine (Preventive Medicine) (IPM)
Legal Medicine (LM)
Internal Medicine/Medical Genetics (MDG) Medical Management (MDM)
Internal Medicine (Emergency Medicine) (MEM)
Internal Medicine and Neurology (MN)
Internal Medicine/Psychiatry (MP)
Internal Medicine/Physical Medicine and Rehabilitation (MPM)
Neurology/Diagnosis Radiology/Neuroradiology (NRN) Clinical
Pharmacology (PA)
Pediatrics/Dermatology (PDM)
Phlebology (PHL)
Pharmaceutical Medicine (PHM)
Palliative Medicine (PLM)
Pediatrics/Medical Genetics (PMG)
Pediatrics/Physical Medicine and Rehabilitation (PPM)
Psychiatry/Neurology (PYN)
Sleep Medicine (SME)

Otolaryngology (OTO)

Otology/Neurotology (NO)
Pediatric Otolaryngology (PDO)
Plastic Surgery within the Head and Neck (Otolaryngology) (PSO)
Sleep Medicine (SMO)

Pediatrics (PD)

Adolescent Medicine (ADL)
Child Abuse Pediatrics (CAP)
Clinical Informatics (Pediatrics)
Pediatric Critical Care Medicine (CCP)
Developmental/Behavioral Pediatrics (DBP)
Hospice and Palliative Medicine (Pediatrics) (HPP)
Internal Medicine/Pediatrics (MPD)
Neurodevelopmental Disabilities (Pediatrics) (NDP)
Neonatal Perinatal Medicine (NPM)
Pediatric Anesthesiology (PAN)
Pediatric Allergy (PDA)
Pediatric Dermatology (PDD)
Pediatric Endocrinology (PDE)
Pediatric Infectious Disease (PDI)
Pediatric/Anesthesiology
Pediatric Pulmonology (PDP)
Medical Toxicology (Pediatrics)
Pediatric Emergency Medicine (Pediatrics) (PEM)
Pediatric Gastroenterology (PG)
Pediatric Hematology/Oncology (PHO)
Clinical and Laboratory Immunology (Pediatrics) (PLI)
Pain Management (Physical Medicine and Rehabilitation) (PMP)
Pediatric Nephrology (PN)
Pediatric Rheumatology (PPR)
Pediatric Transplant Hepatology (PTP)
Pediatric Rehabilitation Medicine (RPM)

Sleep Medicine (Pediatrics) (SMP)
Sports Medicine (Pediatrics) (PSM)

Pediatric Cardiology (PDC)

Physical Medicine and Rehabilitation (PM)

Hospice and Palliative Medicine (Physical Medicine and Rehabilitation) (HPR)
Neuromuscular Medicine (NMN)
Neuromuscular Medicine (Physical Medicine and Rehabilitation) (NMP)
Pain Medicine (PMM)
Sports Medicine (Physical Medicine and Rehabilitation) (PRS)
Spinal Cord Injury (SCI)

Plastic Surgery (PS)

Cosmetic Surgery (CS)
Facial Plastic Surgery (FPS)
Surgery of the Hand (Plastic Surgery) (HSP)
Plastic Surgery within the Head and Neck (PSH)
Plastic Surgery – Integrated (PSI)
Plastic Surgery Within the Head and the Neck (Plastic Surgery) (PSP)

Anatomic/Clinical Pathology (PTH)

Anatomic Pathology (ATP)
Blood Banking/Transfusion Medicine (BBK)
Clinical Informatics (Pathology) (CIP)
Clinical Pathology (CLP)
Dermatopathology (DMP)
Hematology (HMP)
Molecular Genetic Pathology (MGP)Neuropathology (NP)
Chemical Pathology (PCH)
Cytopathology (PCP)
Pediatric Pathology (PP)
Selective Pathology (SP)

Psychiatry

Addiction Psychiatry (ADP)
Neurodevelopmental Disabilities (P and N)
Neuropsychiatry (NUP)
Forensic Psychiatry (PFP)
Pain Medicine (Psychiatry)
Psychoanalysis (PYA)
Geriatric Psychiatry (PYG)
Psychosomatic Medicine (PYM))

Public Health and General Preventive Medicine (PHP)

Pulmonary Disease (PUD)

Pulmonary Critical Care Medicine (PCC)

Radiology (R)

Abdominal Radiology (AR)
Hospice and Palliative Medicine (Radiology) (HPD)
Musculoskeletal Radiology (MSR)
Nuclear Radiology (NR)
Radiology (PDR)
Neuroradiology (RNR)
Radiological Physics (RP)
Vascular and Interventional Radiology (VIR)

Radiation Oncology (RO)

Thoracic Surgery (TS)

Congenital Cardiac Surgery (Thoracic Surgery) (CHS)
Thoracic Surgery – Integrated (TSI)

Transplant Surgery (TTS)

Urology (U)

Pediatric Urology (UP)
Female Pelvic Medicine

Vascular Medicine (VM)

Unspecified (US)



University of Nevada, Reno

School of Medicine

Office of Statewide Initiatives

**BYLAWS
OF THE
ADVISORY COUNCIL ON GRADUATE MEDICAL EDUCATION
NEVADA HEALTH AUTHORITY**

ARTICLE I

DEFINITIONS

- A. “Council” shall mean the Advisory Council on Graduate Medical Education pursuant to Nevada Revised Statute (NRS) 223.633.
- B. “Exhibit” shall mean a developed or reviewed material relating to the GME program. An Exhibit may require an action/vote by the Council.
- C. “GME” shall mean Graduate Medical Education.
- D. “Member” or “Members” shall mean those appointed by the Governor to serve on the Advisory Council on Graduate Medical Education.
- E. “NVHA” shall mean the Nevada Health Authority.
- F. “Quorum” shall have the meaning stated in NRS 241.015(6) as a simple majority of the voting membership of the public body or another proportion established by law.

ARTICLE II

FORMATION AND COMPOSITION

Section I. Establishment

- A. Nevada consistently ranks among the most underserved states in most areas of healthcare delivery in both urban and rural settings due in large part to shortages of physicians. Currently, there is a 32% statewide gap in needed physicians to meet national averages. In addition to this, there has been a consistent drop in the number of physicians serving the rural and frontier communities in Nevada.
- B. To combat this, funding for GME has been a priority of the Governor and Legislature in Nevada since 2014. The number of accredited GME sponsoring institutions, residency and fellowships, and graduates in Nevada have significantly increased – growth that was accelerated with the implementation of the Governor’s GME Grant program. The NVHA, through continued and expanded support of the GME Grant program, seeks to reduce the physician gap and meet the state’s growing healthcare needs.

- C. GME Grant rounds of funding generally occur annually and are capped via the State Budget biennium allocation. To help determine the most efficient and effective use of the funding, an advisory body was established to provide recommendations for institutions applying for grant funding. The Council is a select, appointed group of healthcare professionals who advise the NVHA, the Governor and the Legislature, on healthcare-related matters and is a key part of the overall GME Grant program.
- D. The Council provides critical support to the GME Grant program, which is a program to award grants to institutions in the state seeking to create, expand, or retain programs for residency training and postdoctoral fellowships for physicians. The council evaluates applications for competitive grants for the GME Grant program established pursuant to NRS 223.637 and makes recommendations to NVHA concerning the approval of applications for such grants.

Section II. Number of Members

The Council shall be comprised of the number of members required by Senate Bills 262 and 494 of the 2025 Session of the Nevada Legislature.

Section III. Conflict of Interest

Conflicts of interest must be declared by members prior to discussion of any matter that would provide direct financial benefit for that member or otherwise have the appearance of a conflict of interest. When funding recommendations or other decisions are made regarding an organization with which the member has an affiliation, the member shall recuse themselves from making specific motions or casting a vote, before participating in related discussion.

Upon joining the Council, Members shall disclose in writing any known conflicts of interest. Thereafter Members shall continue to provide written disclosure of any conflict of interest as it arises. Members are responsible for ongoing and continuous disclosure of actual or perceived conflicts of interest.

ARTICLE III

MEMBERSHIP, OFFICERS AND ASSISTANCE

Section I. Appointment

- A. Appointments shall be consistent with Section II of Article III below.
- B. The appointed members of the Council shall serve at the pleasure of the Governor.

Section II. Appointment Requirements

- A. The dean of each medical school in this State that is accredited by the Liaison Committee on Medical Education of the American Medical Association and the Association of American Medical Colleges or their successor organizations, or his or her designee.
- B. The dean of each school of osteopathic medicine in this State that is accredited by the Commission on Osteopathic College Accreditation of the American Osteopathic Association or its successor organization, or his or her designee.
- C. Two members appointed by the Governor who are physicians licensed pursuant to chapter 630 or 633 of NRS.
- D. One member appointed by the Governor who represents hospitals located in counties whose population is less than 100,000.
- E. One member appointed by the Governor who represents hospitals located in counties whose population is 100,000 or more but less than 700,000.
- F. One member appointed by the Governor who represents hospitals located in a county whose population is 700,000 or more.
- G. One member appointed by the Governor who represents the medical corps of any of the Armed Forces of the United States.
- H. One member appointed by the Governor who represents the Department of Human Services.
- I. One member appointed by the Governor who represents the Office of Economic Development in the Office of the Governor
- J. In addition to the members appointed by the Governor pursuant to subsection 1, the Governor may appoint two members as the Governor determines necessary to carry out the provisions of 44 NRS 223.631 to 223.639, inclusive.

Section III. Term

- A. The term of each member of the council is three (3) years and Members shall serve at the pleasure of the Governor. Any vacancy occurring in membership of the Council must be filled in the same manner as the original appointment not later than 30 days after the vacancy occurs.
- B. Each member is expected to participate in a majority of meetings and activities held in a single calendar year. The Chair, Vice Chairperson when acting for the Chair, or NVHA may request a member resign due to absences or non-participation.

Section IV. Officers

- A. The Council shall select from its Members a Chair and a Vice Chairperson who shall hold office for one (1) year and who may be re-selected.
- B. The Chair shall preside at all meetings and generally supervise the affairs of the Council. The Vice-Chairperson shall assist and assume the duties of the Chair in the event of the Chair's absence.

Section V. Staff Assistance

The NVHA must provide staff assistance and independent technical assistance as needed to enable the Council to accomplish its functions and duties.

ARTICLE IV

MEETINGS

Section I. Frequency and Location

The Council shall meet at the call of the Chair as often as necessary to complete its statutory duties.

Section II. Agenda

- A. NVHA staff, in coordination with the Chair, shall be responsible for drafting an agenda for each Council meeting and such agenda shall be distributed to each member no later than 5 business days prior to each meeting. The Council will conduct meetings pursuant to the Open Meeting Law set forth in NRS Chapter 214.
- B. Each appointed member of the Council is encouraged to provide agenda items for consideration on an annual calendar basis (January – December) to the NVHA.

Section III. Minutes

The Council shall record each meeting. Minutes or recordings must be made available for inspection by the public within 30 business days after each meeting. Minutes are deemed to have permanent value and must be retained by the NVHA for at least five years. Thereafter, minutes may be transferred from archival preservation in accordance with NRS 239.080 through 239.125, inclusive.

Section IV. Voting

A majority of the Members of the Council constitute a quorum for the transaction of business, and a majority of those Members present at any meeting is sufficient for any official action taken by the Council.

ARTICLE V

FUNCTIONS AND DUTIES

Section I. Functions

The purpose of the Council is:

- A. Regularly assemble to discuss pertinent and pressing medical-related issues and concerns within the state of Nevada.
- B. Provide expert-level counsel, insight, and recommendations concerning various aspects of the medical profession without encroachment upon or otherwise interfering with private business or trade considerations.
- C. Conduct thorough review of applications during GME grant funding events; provide, justify, and collaborate on recommendations during GME grant funding events; evaluate applications for competitive grants for the GME Grant program and make recommendations to NVHA for institutions seeking to create, expand, or retain programs for residency training and postdoctoral fellowships that are approved by the Accreditation Council for GME or its successor organization.
- D. Give priority to recommend the award of grants for the retention of programs in Nevada for residency training and postdoctoral fellows to institutions who operate programs for residency training that are approved by the Accreditation Council for GME or its successor organization and that are training residents that exceeds the maximum number of full-time equivalent resident positions for which the institution receives direct or indirect GME payments from Medicare.
- E. Study and make recommendations to NVHA, the Governor, or the Legislature concerning the creation and retention of programs in this State for residency training and postdoctoral fellows that are approved by the Accreditation Council for GME or its successor organization and the recruitment and retention of physicians necessary to meet the health care needs of the residents of this State, with the emphasis on those health care needs.
- F. In collaboration with NVHA, explore ways to use federal financial participation in Medicaid to support programs for medical residency training and postdoctoral fellowships in Nevada.
- G. Other GME-related and advisory responsibilities as required by the Governor, NVHA, or the Legislature.

Section II. Exhibits

Members of the Council shall develop and/or review reports, recommendations, or changes in information related to the GME program and shall advise the NVHA thereon by providing developed material or changes in material in the form of Exhibits.

Section III. Briefings

The Council, within reasonable availability, timing, and accommodation, will provide medical-field and related briefings to the NVHA when requested.

ARTICLE VI

COMPENSATION

Section I. Compensation

The Members of the Council serve without compensation. A Member of the Council who is an officer or employee of this state or a political subdivision of this state must be relieved from his or her duties without loss of regular compensation to prepare for and attend meetings of the Council and perform any work necessary to carry out the duties of the council in the most timely manner practicable.

Section II. Per Diem and Other Expenses

While engaged in the business of the Council, each member is entitled to receive the per diem allowance and travel expenses generally provided for state officers and employees.

ARTICLE VII

ADOPTION AND AMENDMENTS TO THE BYLAWS

Proposed amendments to these Bylaws must be submitted, in writing, to the GME Advisory Council Members and NVHA staff assistants 45 calendar days in advance of a scheduled meeting to be acted upon. A quorum of the Members present shall be required to adopt a proposed amendment, and such amendments must be approved by the Chair or Vice Chair to become effective.

GRADUATE MEDICAL EDUCATION TRENDS IN NEVADA – 2025

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August 2025





Graduate Medical Education Trends in Nevada – 2025 is a publication from the Nevada Health Workforce Research Center in the Office of Statewide Initiatives at the University of Nevada, Reno School of Medicine.

The mission of the Office of Statewide Initiatives is to improve the health of Nevadans through statewide engagement, education, and research.

The purpose of the Nevada Health Workforce Research Center is to improve the collection and analysis of data on health workforce supply and demand to enhance health workforce planning and development in Nevada.

Additional resources may be found at <https://med.unr.edu/statewide>

Graduate Medical Education Trends in Nevada – 2025

Graduate Medical Education Trends in Nevada – 2025 contains current information about physicians who have completed accredited residency and fellowship programs in Nevada. This research brief utilizes data from an annual survey of physicians completing Graduate Medical Education (GME) in Nevada over the past decade.

The survey has been undertaken by the Office of Statewide Initiatives (OSI) at the University of Nevada, Reno School of Medicine since 2004. Surveys were received from 212 of 274 GME graduates in Nevada, a response rate of 77.4%. The OSI survey data contained in this report is supplemented with licensure data from the Nevada State Board of Medical Examiners and the Nevada State Board of Osteopathic Medicine to determine overall retention rates.

Highlights of this year's report include:

- Over the past two decades, the number of residency programs in Nevada increased from 10 to 39 (290.0%) and the number of sponsoring institutions increased from 1 to 7 (700.0%). Most of this growth has been a direct result of the Governor's GME grant program which began in 2016. These increases are reflected in the substantial growth in the number of residents, fellows, and graduates (Figures 1 to 5).
- In 2025, 41.2% of all GME graduates in Nevada will stay to begin clinical practice or pursue further training, while 58.8% plan to leave (Figure 6).
- In Southern Nevada, 41.3% of GME graduates will remain, as compared to 58.7% who will leave the state (Figure 7).
- In Northern Nevada, 41.0% of GME graduates will stay, while 59.0% are planning to leave the state (Figure 8).
- Over the past ten years, 42.6% of 2,041 GME graduates planned to remain in Nevada for clinical practice or further training at the time of graduation, while 57.4% intended to leave (Figures 9 to 11).
- Figures 12 to 14 highlight the steady growth in the number of GME graduates across the state over the past decade – however, the same data underscore the enduring problem of GME graduates who leave the state for subspecialty training or fellowship opportunities which are in short supply or do not exist in Nevada.
- Over the past decade, the number of physicians completing primary care GME programs in Nevada increased from 61 graduates in 2016 to 134 in 2025 (119.7%), with most of the growth occurring in Southern Nevada (Figure 15).

- Over the past decade, the number of physicians completing medical and surgical specialty GME programs in Nevada rose from 44 graduates in 2016 to 140 in 2025 (218.2%), with 92.9% of the growth taking place in Southern Nevada (Figure 16).
- Figures 17 to 19 document the steady growth of GME graduates from primary care residency programs across the state – however, these figures also underscore the growing number of primary care graduates unable to find fellowship opportunities in Nevada.
- Figures 20 to 22 provide information on employment barriers, employment incentives, and other factors influencing graduates’ decision to remain in or leave the state.

A profile of GME graduates in Nevada in 2025 is contained in Appendix A. The survey instrument is contained in Appendix B. The Accreditation Council on Graduate Medical Education (ACGME) accredited programs in Nevada are listed in Appendix C. Graduates by GME program and sponsoring institution are listed in Appendix D. Appendices E and F provide program level data on the number and percentage of GME graduates who remained in Nevada at the time of graduation over the past decade.

The authors of this report would like to acknowledge the assistance of the program coordinators, program directors, and designated institutional officials (DIO) from the following GME sponsoring institutions:

Dignity Health GME Programs

HCA Healthcare Sunrise Health GME Programs

Kirk Kerkorian School of Medicine at University of Nevada, Las Vegas

Mike O'Callaghan Military Medical Center/Nellis Air Force Base Program

OPTI West / Valley Hospital GME Consortium

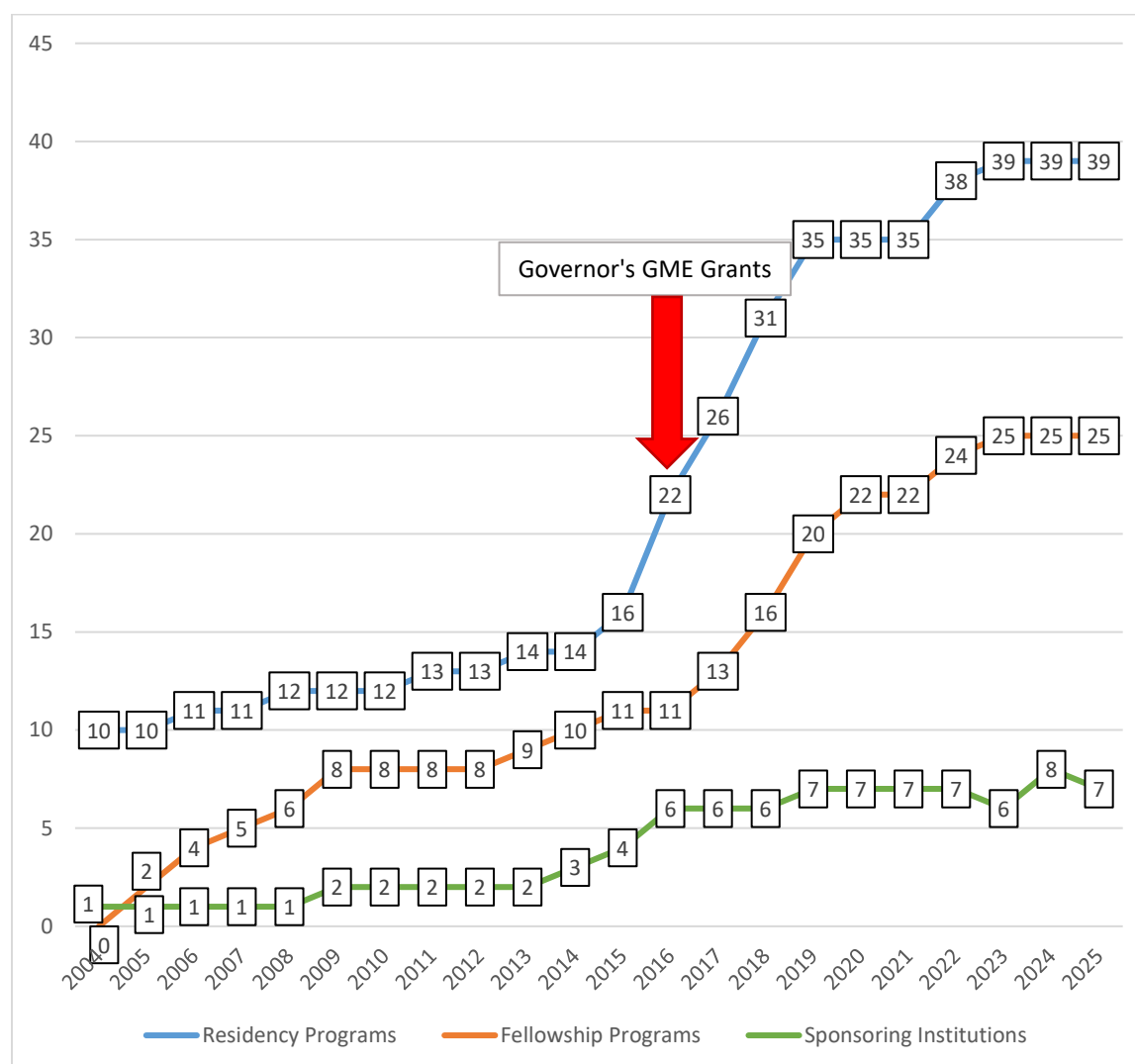
Southern Nevada Health District

University of Nevada, Reno School of Medicine (UNR Med)

Valley Health System GME Consortium

According to the Accreditation Council on Graduate Medical Education (ACGME), from 2004 to 2025, the number of residency programs in Nevada increased from 10 to 39 (290.0%) and the number of fellowship programs increased from none to 25 (2500.0%). The number of sponsoring institutions increased from 1 to 7 (700.0%). Most of this growth has been a direct result of the Governor’s GME grant program which began in 2016 (Figure 1).

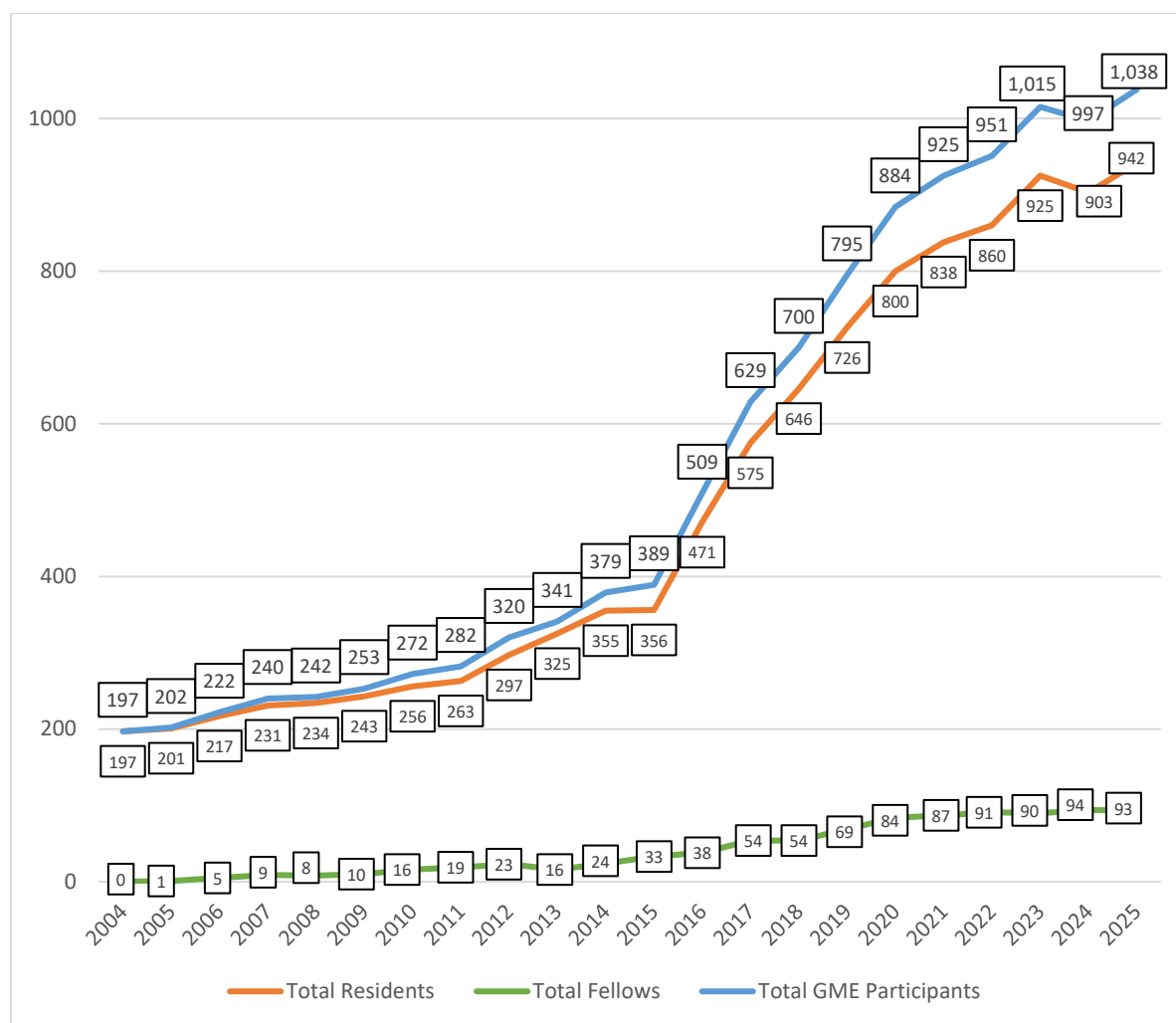
Figure 1: Number of ACGME-Accredited Sponsoring Institutions and Specialty Programs in Nevada – 2004 to 2025



Source: Accreditation Council on Graduate Medical Education (2025).

Figure 2 highlights that the number of residents and fellows in Nevada increased from 197 in 2004 to 1,038 in 2025 (426.9%).

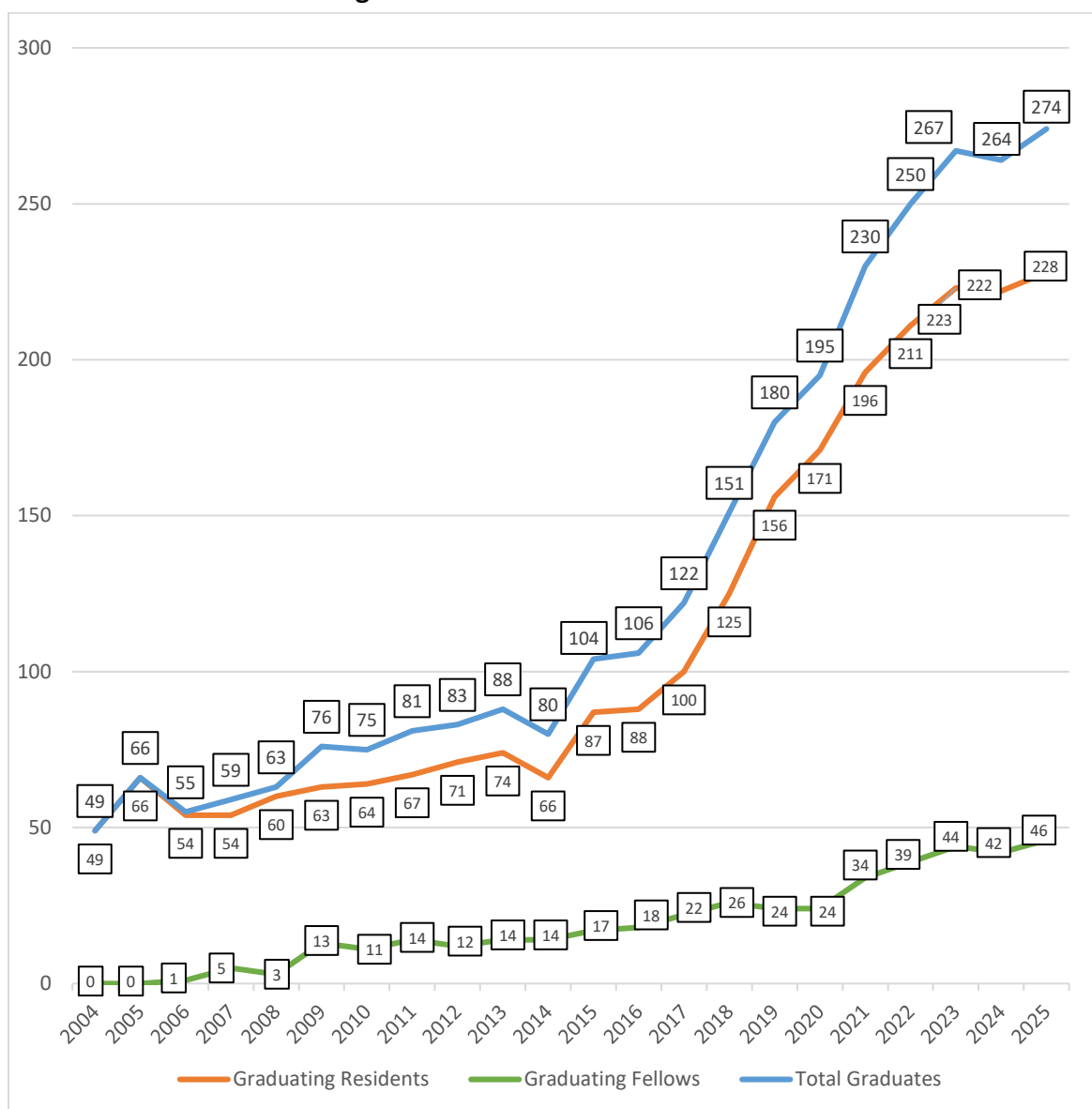
Figure 2: Number of Physicians in ACGME-Accredited Residency and Fellowship Programs in Nevada from 2004 to 2025



Source: Accreditation Council on Graduate Medical Education (2025). Nevada Health Workforce Research Center (2025).

Figure 3 shows the number of physicians completing ACGME programs in Nevada. The number of GME graduates in Nevada increased from 49 to 274 (459.2%) between 2004 and 2025. There were no ACGME fellowship programs in 2004 and the increase to 46 fellowships shows an increased interest in additional training.

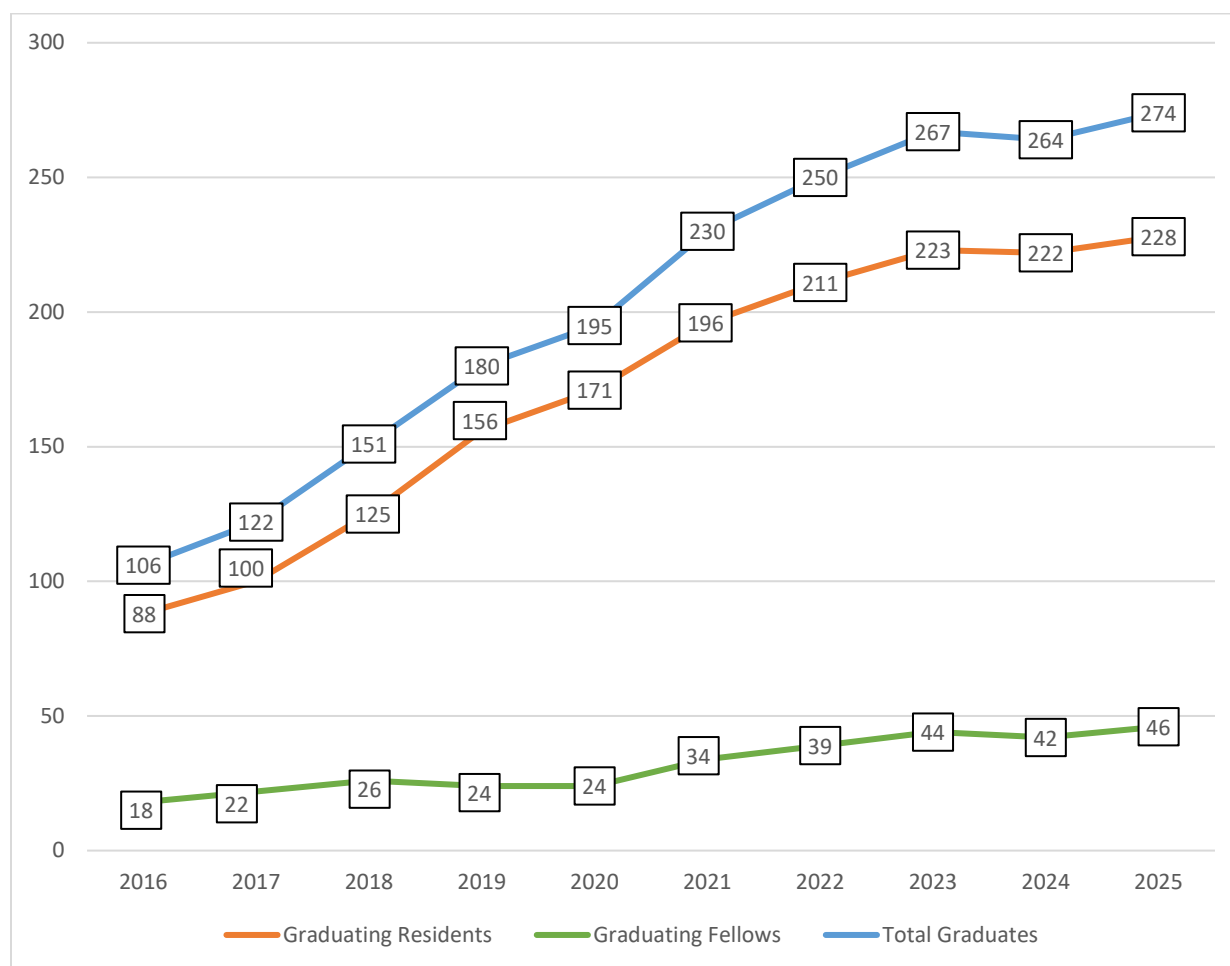
Figure 3: Number of Physicians Completing ACGME-Accredited Residency and Fellowship Programs in Nevada from 2004 to 2025



Source: Nevada Health Workforce Research Center (2025). Note: Data is not available for 2025.

Figure 4 utilized data from the Nevada Health Workforce Research Center’s annual survey of graduating residents and fellows. The number of physicians completing GME in Nevada grew from 106 graduates in 2016 to 274 graduates in 2025 (158.5%). The number of graduating residents in Nevada grew from 88 to 228 (159.1%). The number of graduating fellows in Nevada grew from 18 to 46 (155.6%).

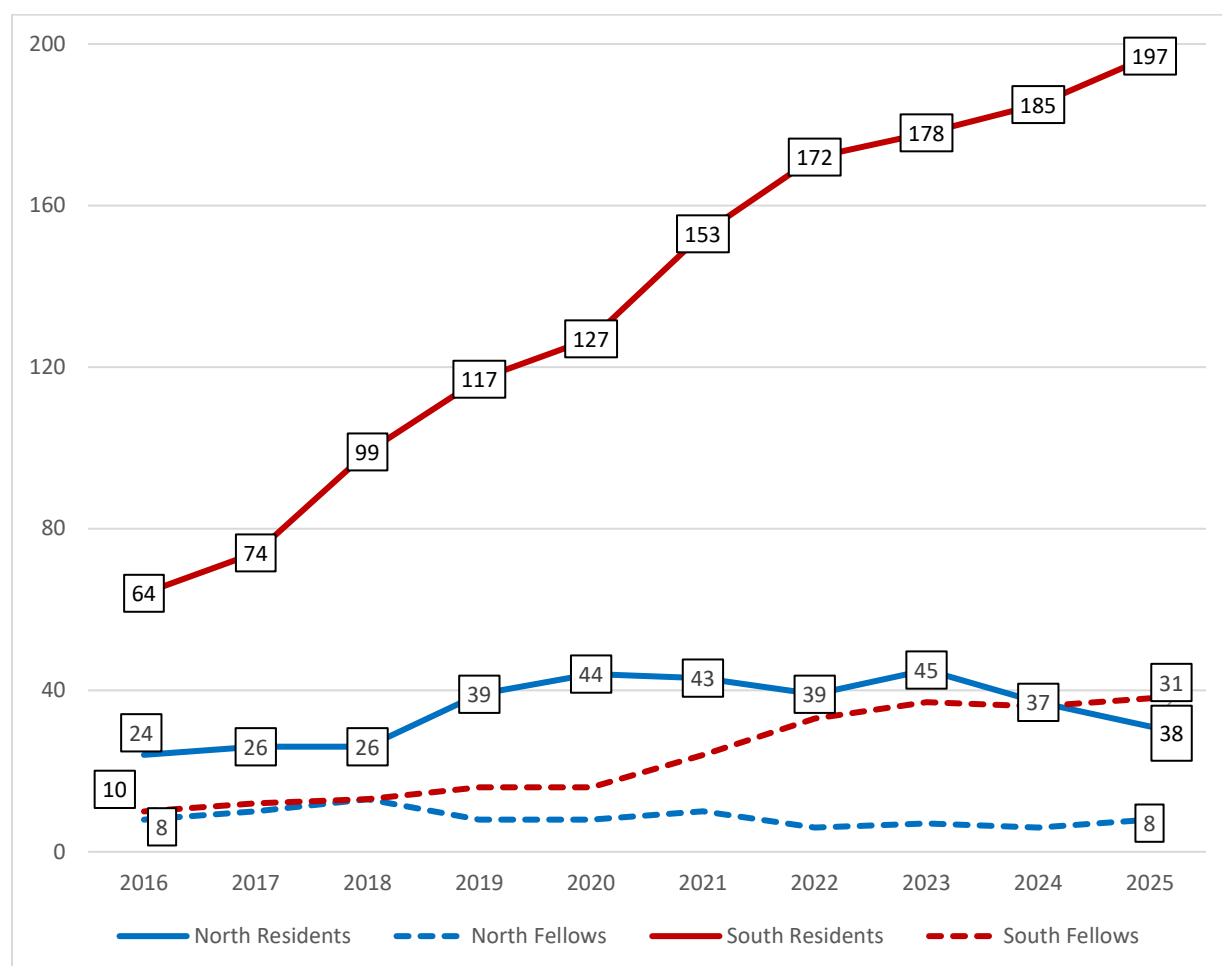
Figure 4: GME Graduates in Nevada – 2016 to 2025



Source: Nevada Health Workforce Research Center (2025).

Figure 5 highlights the distribution of residents and fellows completing GME programs in Southern or Northern Nevada. Residents in Southern Nevada grew from 64 graduates in 2016 to 197 graduates in 2025, a growth rate of 207.8%. The number of residents graduating in Northern Nevada grew from 24 to 38, a growth rate of 58.3%. There were 10 graduating fellows in 2016 and 31 in 2025, a growth rate of 210.0% in Southern Nevada. In Northern Nevada, there has been no growth in the number of graduating fellows.

Figure 5: GME Graduates by Region in Nevada – 2016 to 2025



Source: Nevada Health Workforce Research Center (2025).

Figures 6 through 8 summarize the employment, training, and location plans of GME graduates from the GME survey data and their licensure data in 2025. From this data, 41.2% of all GME graduates in Nevada will stay to begin clinical practice or pursue further training, while 58.8% plan to leave. In Southern Nevada, 41.3% of GME graduates will remain in the state as compared to 58.7% who will leave. In Northern Nevada, 41.0% of GME graduates will stay in the state and 59.0% plan to leave.

Figure 6: Employment, Training, and Location Plans of GME Graduates in Nevada – 2025

	Beginning Clinical Practice	Continuing Training	Total
Remaining in Nevada	91 (33.2%)	22 (8.0%)	113 (41.2%)
Leaving Nevada	106 (38.7%)	55 (20.1%)	161 (58.8%)
Total	197 (71.9%)	77 (28.1%)	274 (100.0%)

Figure 7: Plans of GME Graduates in Southern Nevada – 2025

	Beginning Clinical Practice	Continuing Training	Total
Remaining in Nevada	76 (32.3%)	21 (8.9%)	97 (41.3%)
Leaving Nevada	91 (38.7%)	47 (20.0%)	138 (58.7%)
Total	167 (71.1%)	68 (28.9%)	235 (100.0%)

Figure 8: Plans of GME Graduates in Northern Nevada – 2025

	Beginning Clinical Practice	Continuing Training	Total
Remaining in Nevada	15 (38.5%)	1 (2.6%)	16 (41.0%)
Leaving Nevada	15 (38.5%)	8 (20.5%)	23 (59.0%)
Total	30 (76.9%)	9 (23.1%)	39 (100.0%)

Source: Nevada Health Workforce Research Center (2025).

Figures 9 through 11 summarize the employment, training, and location plans of GME graduates over the past ten years of GME survey data and their associated licensure data. Between 2016 and 2025, 42.6% of GME graduates plan to remain in Nevada for clinical practice or further training, while 57.4% intend to leave. Southern Nevada retention rate is 0.1% higher and Northern Nevada rate is 0.6% lower.

Figure 9: Employment, Training, and Location Plans of GME Graduates in Nevada – 2016 to 2025

	Beginning Clinical Practice	Continuing Training	Total
Remaining in Nevada	753 (36.9%)	116 (5.7%)	869 (42.6%)
Leaving Nevada	740 (36.3%)	432 (21.2%)	1,172 (57.4%)
Total	1,493 (73.2%)	548 (26.8%)	2,041 (100.0%)

Figure 10: Plans of GME Graduates in Southern Nevada – 2016 to 2025

	Beginning Clinical Practice	Continuing Training	Total
Remaining in Nevada	604 (37.6%)	83 (5.2%)	687 (42.7%)
Leaving Nevada	560 (34.8%)	361 (22.5%)	921 (57.3%)
Total	1,164 (72.4%)	444 (27.6%)	1,608 (100.0%)

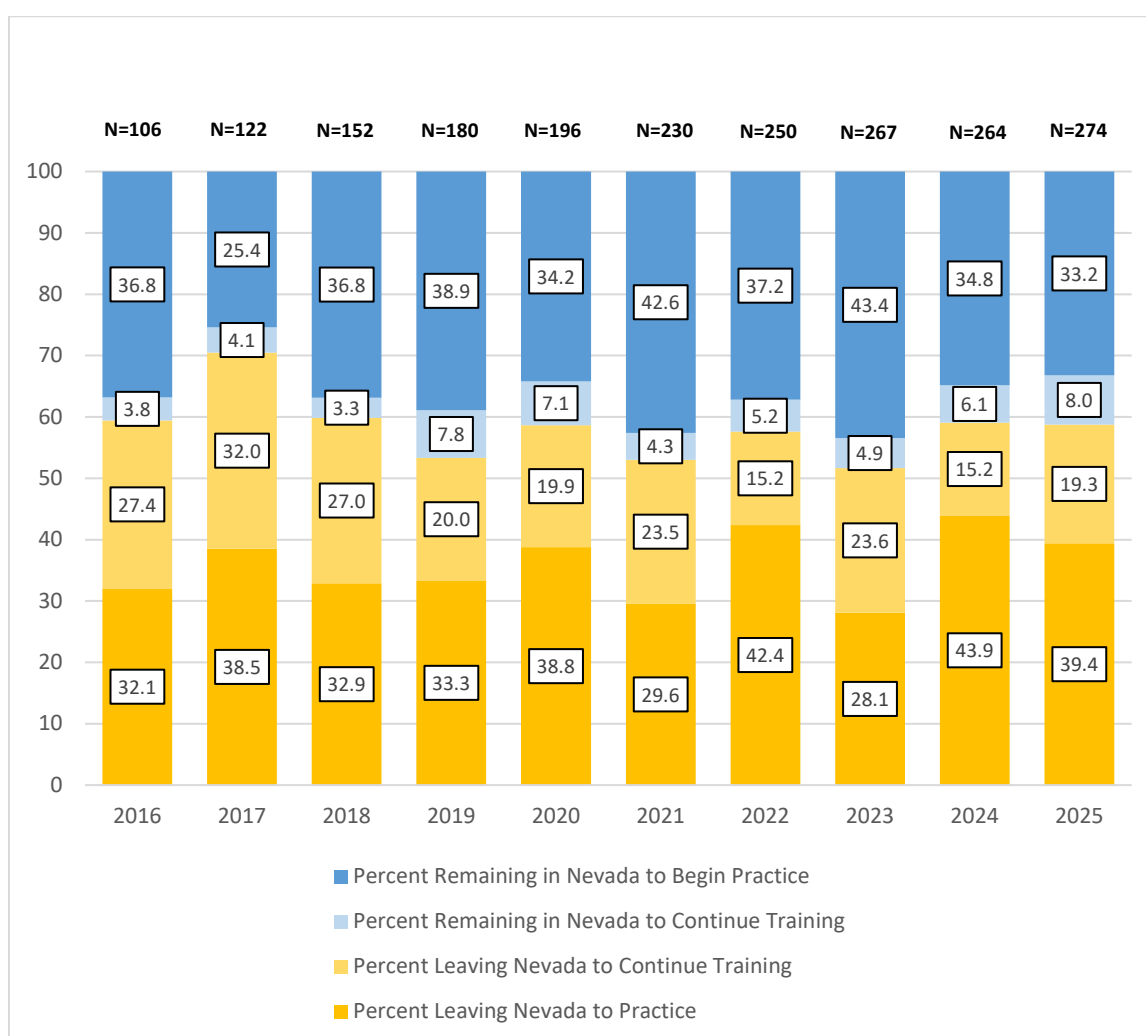
Figure 11: Plans of GME Graduates in Northern Nevada – 2016 to 2025

	Beginning Clinical Practice	Continuing Training	Total
Remaining in Nevada	149 (34.4%)	33 (7.6%)	182 (42.0%)
Leaving Nevada	180 (41.6%)	71 (16.4%)	251 (58.0%)
Total	329 (76.0%)	104 (24.0%)	433 (100.0%)

Source: Nevada Health Workforce Research Center (2025).

Figure 12 highlights that the number of physicians completing GME in Nevada increased from 106 graduates in 2016 to 274 in 2025 (158.5%). Data used is from their GME survey data and their licensure data when the survey was not completed. The percentage of graduates remaining in Nevada has fluctuated from year to year, with a high of 48.3% in 2023 and a low of 29.5% in 2017. Over the past decade, an average of 57.4% of GME graduates left the state to continue subspecialty training or seek fellowship opportunities that are in short supply or do not exist in Nevada.

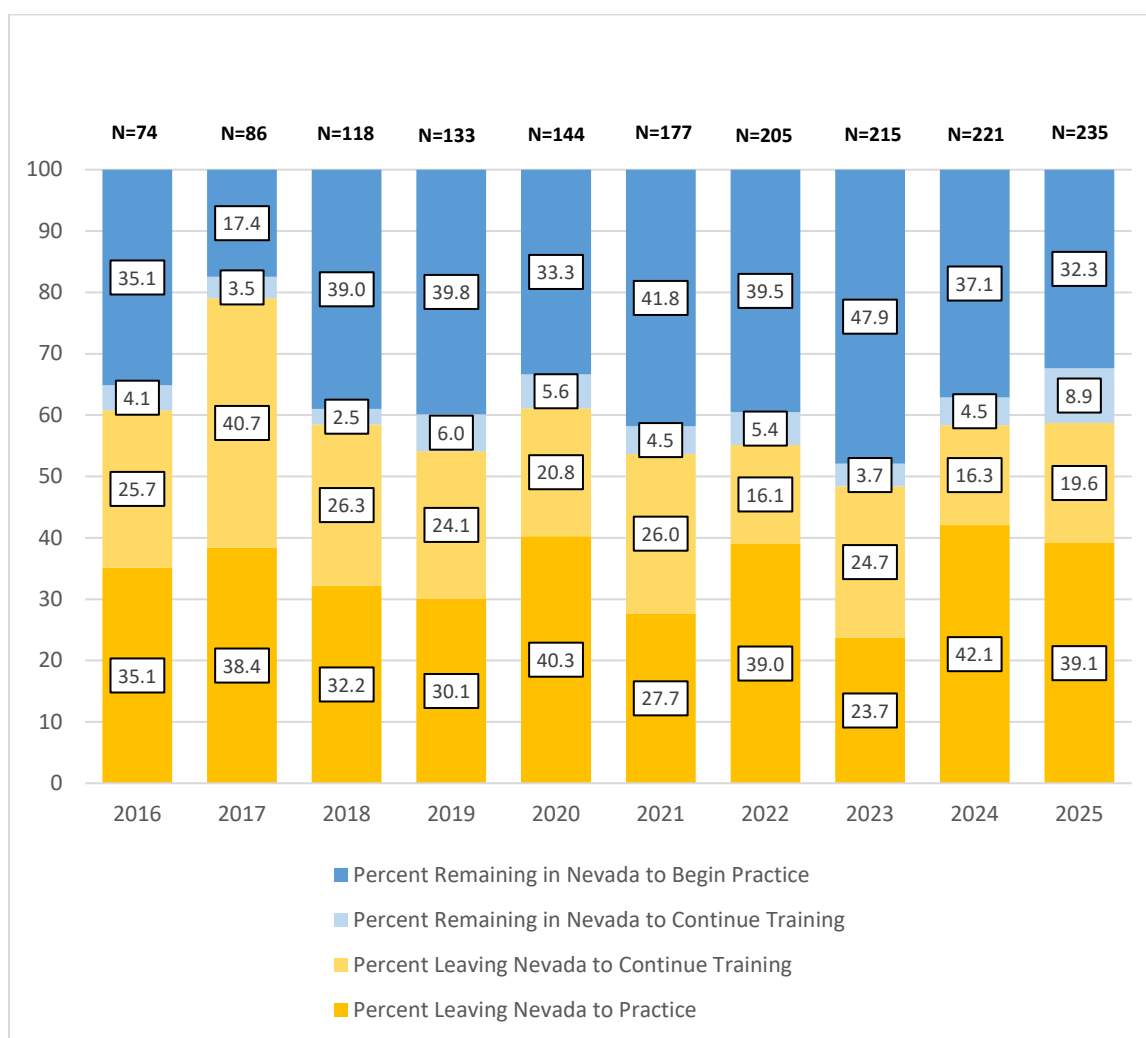
Figure 12: Employment, Training, and Location Plans for GME Graduates in Nevada – 2016 to 2025



Source: Nevada Health Workforce Research Center (2025).

Figure 13 shows that the number of physicians completing GME in Southern Nevada increased from 74 graduates in 2016 to 235 in 2025 (217.6%). The percentage of graduates remaining in Nevada ranged from a high of 51.6% in 2023 to a low of 20.9% in 2017. Over the past decade, an average of 57.3% of GME graduates in Southern Nevada left the state to continue subspecialty training or seek fellowship opportunities that are in short supply or do not exist in Nevada.

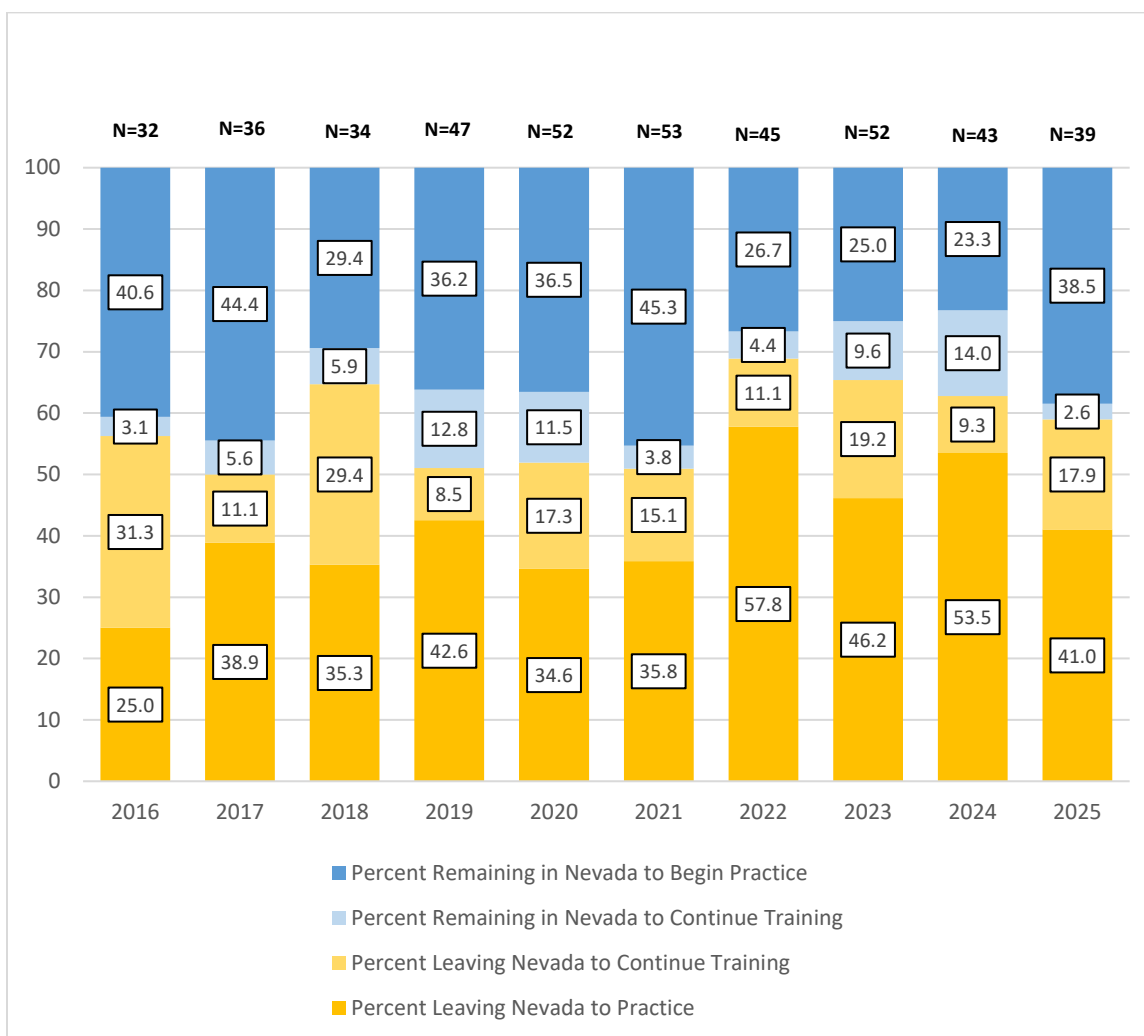
Figure 13: Employment, Training, and Location Plans for GME Graduates in Southern Nevada – 2016 to 2025



Source: Nevada Health Workforce Research Center (2025).

Figure 14 reveals that the number of physicians completing GME in Northern Nevada increased from 32 graduates in 2016 to 39 in 2025 (21.9%). The percentage of graduates remaining in Nevada ranged from a high of 50.0% in 2017 to a low of 31.1% in 2022. Over the past decade, an average of 58.0% of GME graduates in Northern Nevada left the state to continue subspecialty training or seek fellowship opportunities that are in short supply or do not exist in Nevada.

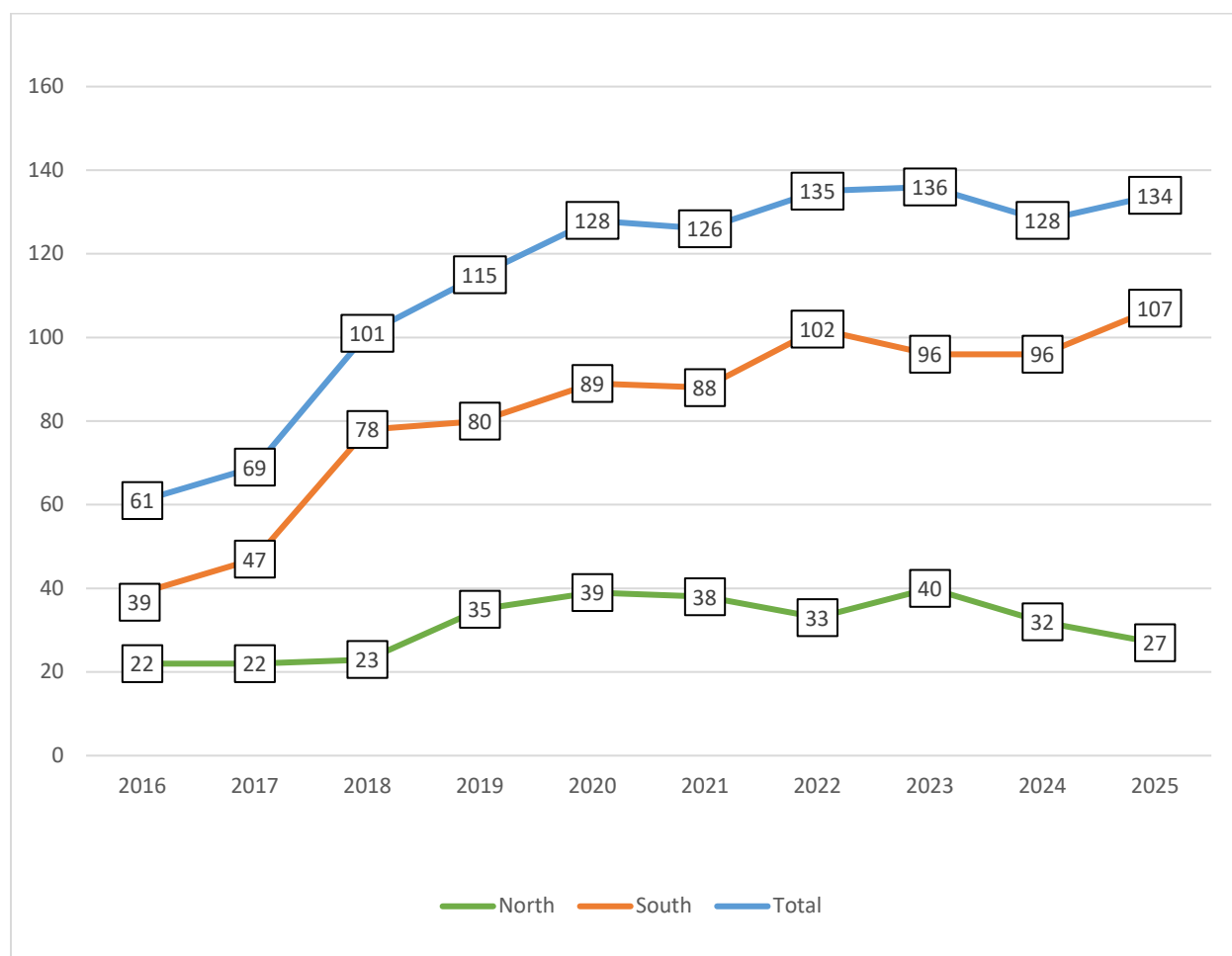
Figure 14: Employment, Training, and Location Plans for GME Graduates in Northern Nevada – 2016 to 2025



Source: Nevada Health Workforce Research Center (2025).

Figure 15 highlights the number of primary care GME graduates grew from 61 graduates in 2016 to 134 graduates in 2025 (119.7%). The number of primary care graduates in Southern Nevada grew from 39 to 107 (174.4%). The number of primary care graduates in Northern Nevada grew from 22 to 27 (22.7%). Primary care residency programs include family medicine, internal medicine, and pediatrics.

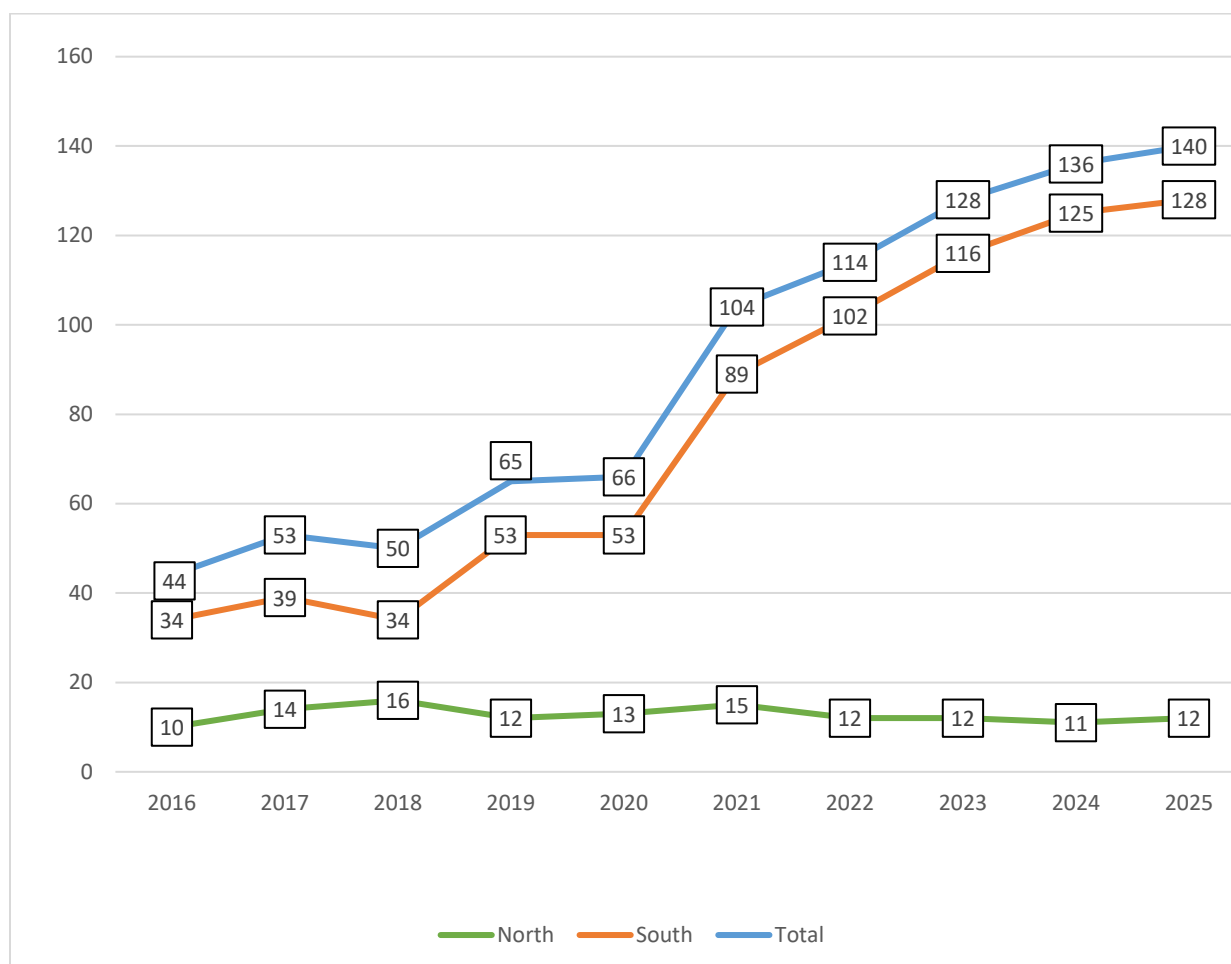
Figure 15: GME Graduates in Nevada: Primary Care – 2016 to 2025



Source: Nevada Health Workforce Research Center (2025).

Figure 16 highlights trends in the number of residents and fellows completing medical and surgical GME programs in Nevada. Statewide, GME graduates grew from 44 in 2016 to 140 in 2025 (218.2%). The number of graduates in Southern Nevada grew from 34 in 2016 to 128 in 2025 (276.5%). Over the past decade, there was little variable growth, averaging (2.9%), in the number of graduates in Northern Nevada.

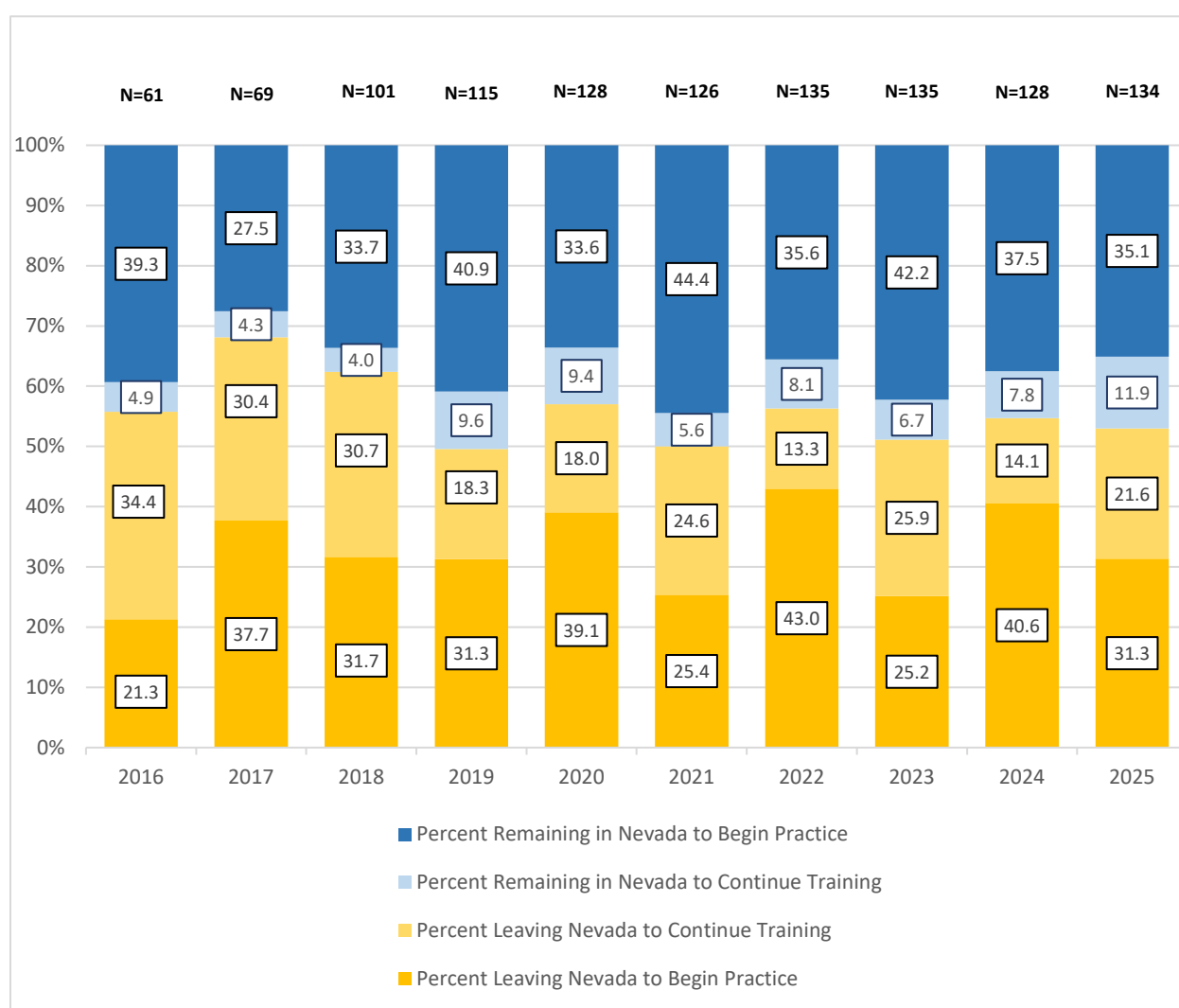
Figure 16: GME Graduates in Nevada: Medical and Surgical Specialties – 2016 to 2025



Source: Nevada Health Workforce Research Center (2025).

Figure 17 highlights the number of physicians completing primary care residency programs in Nevada over the past decade. The number of primary care GME graduates increased from 61 in 2016 to 134 in 2025 (119.7%). The percentage of primary care GME graduates remaining in Nevada has fluctuated from year to year, with a high of 50.5% in 2019 and a low of 31.8% in 2017. Over the past decade, an average of 55.0% of GME graduates left the state to continue subspecialty training or seek fellowship opportunities that are in short supply or do not exist in Nevada.

Figure 17: Employment, Training, and Location Plans of GME Graduates Completing Primary Care Residency Programs in Nevada – 2016 to 2025



Source: Nevada Health Workforce Research Center (2025).

Figure 18 provides data on employment barriers facing physicians in the Nevada job market as reported by GME graduates in 2025. GME graduates leaving Northern Nevada reported starting salary or compensation and ability to manage student loans as the top employment barriers. GME graduates leaving Southern Nevada reported starting salary or compensation, quality of life, and lack of desirable shifts as the top employment barriers.

Figure 18: Self-Reported Employment Barriers in the Current Nevada Job Market – 2025

Remaining in Northern Nevada (n=15)	Remaining in Southern Nevada (n=97)
1. Starting salary or compensation (46.7%) 2. Ability to manage student loans (46.7%) 3. Credentialing issues (26.7%) 4. Lack of desirable shifts (20.0%) 5. Lack of experience (20.0%) 6. Quality of life (20.0%)	1. Starting salary or compensation (33.0%) 2. Ability to manage student loans (22.7%) 3. Credentialing/Licensing issues (21.6%) 4. Quality of life (15.5%) 5. Lack of desirable shifts (13.4%)
Leaving Northern Nevada (n=23)	Leaving Southern Nevada (n=138)
1. Starting salary or compensation (30.4%) 2. Lack of desirable shifts (26.1%) 3. Lack of employment opportunity for spouses (26.1%) 4. Quality of life (21.7%) 5. Lack of jobs in a specific region (17.4%)	1. Starting salary or compensation (25.8%) 2. Quality of life (22.7%) 3. Lack of desirable shifts (17.5%) 4. Ability to manage student loans (16.5%) 5. Lack of employment opportunities for spouses (12.4%)

Note: Responses were summarized from Q37: “Which of the following best describes employment barriers in the current job market in Nevada for graduating physicians? Check all that apply.”

Source: Nevada Health Workforce Research Center (2025).

Figure 19 provides information on incentives offered by employers as reported by physicians completing GME programs in 2025. Starting salary was identified as a top incentive regardless of whether a graduate remained in or left Nevada followed by sign-on bonuses.

Figure 19: Self-Reported Employment Incentives – 2025

Remaining in Northern Nevada (n=15)	Remaining in Southern Nevada (n=97)
1. Starting salary or compensation (99.3%) 2. Sign-on bonuses (86.7%) 3. Income guarantees (53.3%) 4. Education loan repayment (53.3%) 5. Career development opportunities, e.g. CME (40.0%)	1. Starting salary or compensation (34.0%) 2. Career development opportunities, e.g. CME (33.0%) 3. Sign-on bonus (29.9%) 4. Income guarantees (25.8%) 5. Education loan repayment (10.3%)
Leaving Northern Nevada (n=23)	Leaving Southern Nevada (n=138)
1. Starting salary or compensation (47.8%) 2. Sign-on bonus (47.8%) 3. Relocation allowances (34.7%) 4. Income guarantees (34.7%) 5. Career development opportunities, e.g. CME (21.7%) 6. Education loan repayment (21.7%)	1. Starting salary or compensation (33.0%) 2. Sign-on bonus (30.9%) 3. Career development opportunities, e.g. CME (26.8%) 4. Relocation allowance (24.7%) 5. Income guarantees (22.7%)

Note: Responses were summarized from Q44, “Please identify all the incentives you received for accepting your new job. Check all that apply.”

Source: Nevada Health Workforce Research Center (2025).

Figure 20 provides data on factors influencing GME graduates' decision to remain in or leave Nevada. Family and availability of fellowship opportunities were key factors identified by graduates regardless of whether they stayed in or left northern Nevada. Graduates leaving Southern Nevada reported that leaving had to do more with family and fellowship training than salary or ability to find a job.

Figure 20: Self-Reported Factors Influencing the Decision to Leave or Remain in Nevada – 2025

Remaining in Northern Nevada (n=15)	Remaining in Southern Nevada (n=97)
1. Family in Nevada (66.7%) 2. Practice setting or work environment (26.7%) 3. Quality of life (12.5%) 4. Family in Nevada (6.3%)	1. Family in Nevada (34.0%) 2. Ability to find a job (11.3%) 3. Reputation of work environment (9.3%) 4. Quality of life (5.2%) 5. Fellowship availability (5.2%)
Leaving Northern Nevada (n=23)	Leaving Southern Nevada (n=138)
1. Fellowship (26.1%) 2. Ability to find a job (17.4%) 3. Availability of free time (8.7%) 4. Family not in Nevada (8.7%) 5. Quality of life (4.3%)	1. Family in a different state (21.0%) 2. Fellowship availability (15.2%) 3. Never intended to practice (7.6%) 4. Salary compensation (8.0%) 5. Practice setting (5.8%)

Note: Answers were summarized from Q48, "What is the most important factor that influenced your decision to remain in or leave Nevada?"

Source: Nevada Health Workforce Research Center (2025).

Appendix A: Profile of Nevada GME Graduate Survey Respondents in 2025 (n=212)

Indicator	Northern Programs		Southern Programs		Total	
	Number	Percent	Number	Percent	Number	Percent
Male	18	46.2	102	60.0	120	56.6
Female	20	51.3	65	37.5	85	40.1
Prefer not to answer or missing	1	2.6	6	3.5	7	3.3
Native born U.S. Citizens	26	66.7	128	74.0	154	72.6
Naturalized Citizens	5	12.8	33	19.1	38	17.9
Permanent Residents	4	10.3	5	2.9	9	4.2
Exchange Visa Recipients (e.g., J-1)	3	7.7	3	1.7	6	2.8
Prefer not to answer or missing	1	2.6	4	2.3	5	2.4
US Medical Graduates (USMG)	25	64.1	130	75.1	155	73.1
International Medical Graduates (IMG)	14	35.9	41	23.7	55	25.9
Prefer not to answer or missing	0	0	2	1.2	2	0.9
Speak a Second Language	21	53.8	94	54.3	115	54.2
Do not speak a second language	17	43.6	79	45.7	96	45.3
Prefer not to answer or missing	1	2.6	0	0	1	0.5
Allopathic Physicians (MDs)	25	64.1	79	45.7	104	49.1
Osteopathic Physicians (DOs)	12	30.8	81	46.8	93	43.9
MBBS Degree Recipients	2	5.1	11	6.4	13	6.1
Prefer not to answer or missing	0	0	2	2.1	2	1.9

Note: Most of the data in this table was derived from those residents and fellows who responded to the 2025 GME survey. “MBBS” refers to the Bachelor of Medicine and Bachelor of Surgery degree. The residents and fellows survey was sent to 274 graduates of which 212 submitted surveys for a response rate of 77.4%

Appendix A1: Economic Profile of Nevada GME Graduate Survey Respondents in 2025 (n=212)

Debt Reported	Northern Programs		Southern Programs		Total	
	Number	Percent	Number	Percent	Number	Percent
Physicians with Debt	29	74.4	120	69.4	149	70.3
Physicians with No Debt	9	23.1	50	28.9	59	27.8
Prefer not to answer or missing	1	2.6	3	1.7	4	1.9

Average Debt and Starting Salary	Northern Programs	Southern Programs	Total
Average Debt (\$) for all GME graduates (n=212)	200,769	219,976	216,442
Average Debt (\$) for those with debt (n=144)	279,643	328,066	318,651
Average Debt (\$) when starting practice(n=95)	292,917	338,475	326,965
Average Debt (\$) when training OOS (n=36)	266,667	323,848	319,083
Average Debt (\$) when training in NV (n=11)	--	303,364	303,364
Average Salary (\$) n=135	280,636	304,236	298,402
Average Salary (\$) – Starting Practice in NV (N=48)	271,300	259,171	261,867
Average Salary (\$) – Starting Practice OOS (n=45)	288,417	353,525	335,768

Note: Most of the data in this table was derived from those residents and fellows who responded to the 2025 GME survey. “MBBS” refers to the Bachelor of Medicine and Bachelor of Surgery degree. The residents and fellows survey was sent to 274 graduates of which 212 submitted surveys for a response rate of 77.4%

Appendix B: Online Questionnaire – Nevada GME Survey 2025

Since 2004, the Nevada Health Workforce Research Center has coordinated the Nevada Graduate Medical Education Graduation Survey. The survey is administered to physicians completing residencies and fellowships in Nevada. The survey assesses the future employment and continuing educational plans of graduating residents and fellows. Please complete the survey if you are graduating at any point in 2025. This survey takes approximately 10 minutes to complete. If you have any questions, please Contact Tabor Griswold, PhD at tgriswold@med.unr.edu

Program Location

Q1. Indicate the type of GME training you are completing this year.

- ☐ Residency
- ☐ Fellowship [If YES, skip to Q3]
- ☐ Preliminary or Transitional [exit]

Q2. Residency selected. What is the name of the residency from which you are graduating?

- ☐ Anesthesiology
- ☐ Emergency Medicine
- ☐ Family Medicine
- ☐ Family Medicine – Rural
- ☐ General Surgery
- ☐ Internal Medicine
- ☐ Internal Medicine – Primary Care
- ☐ Neurology
- ☐ Obstetrics and Gynecology
- ☐ Orthopedic Surgery
- ☐ Otolaryngology Head and Neck Surgery
- ☐ Pediatric Medicine
- ☐ Physical Medicine and Rehabilitation
- ☐ Plastic Surgery
- ☐ Psychiatry
- ☐ Radiology, Diagnostic
- ☐ Other: _____ [text]

Q3. Fellowship selected. What is the name of the fellowship from which you are graduating?

- ☐ ,Addiction Medicine – Multidisciplinary

AN – Critical Care Medicine

- ☐ EM – Pediatric
- ☐ EM – Ultrasound
- ☐ FM – Obstetrics
- ☐ FM – Pain Medicine
- ☐ FM – Sports Medicine
- ☐ FM – Urgent Care
- ☐ IM – Cardiovascular Disease
- ☐ IM – Critical Care Medicine (two years)
- ☐ IM – Endocrinology
- ☐ IM – Gastroenterology
- ☐ IM – Gastroenterology and Hepatology
- ☐ IM – Geriatric Medicine
- ☐ IM – Geriatric Medicine and Hospice & Palliative Medicine
- ☐ IM – Hospice & Palliative Medicine
- ☐ IM – Pulmonary Critical Care Medicine (three years)
- ☐ OBG – Minimally Invasive Gynecologic Surgery
- ☐ ORS – Sports Medicine
- ☐ ORS – Trauma
- ☐ Pain Medicine – Multidisciplinary
- ☐ Psychiatry – Child and Adolescent
- ☐ Psychiatry – Forensic
- ☐ Surgery – Acute Care (two years)
- ☐ Surgery – Critical Care (one year)
- ☐ Other: _____ [text box]

Q4. Which hospital or clinic was your primary training location during your GME program?

Facility Name: _____ [from dropdown list]

Q5. Who is the sponsoring institution for your program?

- ☐ Mike O'Callaghan
- ☐ Southern Nevada Health Dept GME
- ☐ Sunrise Health GME Consortium
- ☐ University of Nevada, Las Vegas School of Medicine GME
- ☐ University of Nevada, Reno School of Medicine GME
- ☐ Valley Health System GME
- ☐ Valley Hospital/OPTI West GME

Q6. In which county did you spend the majority of your time during your program?

- ☐ County: _____ [from dropdown list]

Q7. You did not select a residency or fellowship, please write in the name of your program.

- ☐ Name _____

Demographics

Q8. What is your year of birth? _____ [from dropdown list]

Q9. What is your sex? _____ [from dropdown list]

Q10. What is your citizenship status?

- ☐ H-1, H-2, H-3 (temporary worker)
- ☐ J-1, J-2 (exchange visitor)
- ☐ Native born U.S. citizen
- ☐ Naturalized citizen
- ☐ Permanent resident
- ☐ Prefer not to answer

Q11. Do you speak a language other than English?

- ☐ Yes or No (used to branch)

Q12. If yes, check all that apply.

- ☐ Arabic
- ☐ Chinese, including Mandarin or Cantonese
- ☐ Hindi, Punjabi, Gujarati, Teluga
- ☐ Russian
- ☐ Spanish
- ☐ Tagalog
- ☐ Urdu
- ☐ Vietnamese
- ☐ Other: _____ [text box]

Q13. Did you live in the United States when you graduated from high school?

- ☐ Yes or no (branch)

Q14. If yes, where did you live when you graduated from high school?

- ☐ City: _____ [text box]
- ☐ State: _____ [text box]

Q15. If not, where did you live when you graduated from high school?

- ☐ Select country from [from dropdown list]

Q16. You selected not listed, please write in the name of your country.

- ☐ _____ [text box]

Q17. In what year did you graduate from medical school?

- ☐ _____ [from dropdown list]

Q18. How many years have you been in Nevada?

- ☐ Three years or less
- ☐ More than three years and less than six years
- ☐ Six or more years

Education

Q19. Did you graduate from a medical school in the United States?

- ☐ Yes or no (branch)

Q20. Which is your degree?

- ☐ M.D.
- ☐ D.O.
- ☐ M.B.B.S.

Q21. If yes, from which medical school in the US did you graduate?

- ☐ _____ [from dropdown list]

Q22. You selected not listed, please write in the name of your medical school.

- ☐ _____ [text box]

Q23. If not, in which country was your medical school?

- ☐ _____ [from dropdown list]

Q24. You selected not listed, please write in the name of your medical school.

- ☐ _____ [text box]

Debt

Q25. Do you have educational debt?

- ☐ Yes [if YES, answer Q26]
- ☐ No [if NO, skip to Q28]

Q26. Please estimate your current amount of educational debt. (Dollars, e.g., 100000) _____ [text box]

Scholarly Activity and Research

Q28. If part of your GME training included scholarly activity or research, which of the following best describes your work? Check all that apply.

- ☐ Attended a regional or national medical conference
- ☐ Conducted a case report and a poster presentation at a regional or national conference
- ☐ Conducted a literature review in support of a research project or other scholarly activity
- ☐ Conducted an original research project with a poster presentation at a regional or national conference
- ☐ Published an original research article in a peer review scientific journal
- ☐ Received a grant award as a principal investigator or co-investigator

- ☐ Submitted a grant proposal as a principal investigator or a co-investigator
- ☐ Wrote a book chapter in a textbook related to medicine
- ☐ Not applicable, I did not undertake any scholarly activity or research

Q29. What is the focus of your scholarly activity or research? _____ [text box]

Employment Search

Q30. As you were completing your residency or fellowship, did you conduct an employment search?

- ☐ Yes, I was offered and accepted employment after conducting a search
- ☐ Yes, but I have not been offered employment
- ☐ Yes, but I have decided to pursue additional training or a fellowship (go to Q38)
- ☐ No, I was offered and accepted employment without conducting a search
- ☐ No, I am pursuing additional training or a fellowship (go to Q38)
- ☐ No, I am not looking for employment or pursuing additional training (go to Q38)

Q31. At what point in your residency or fellowship did you begin to actively explore employment opportunities, such as obtaining job information or arranging interviews with prospective employers?

- ☐ Currently exploring employment opportunities
- ☐ 2 to 5 months before graduation
- ☐ 6 to 12 months before graduation
- ☐ More than 1 year before graduation

Q32. Please indicate how actively you have searched for employment?

- ☐ Very actively
- ☐ Actively
- ☐ Somewhat actively
- ☐ Not actively at all

Q33. In your opinion, what is the best source of information regarding employment opportunities?

- ☐ Current employer
- ☐ Online advertising (delete newspapers)
- ☐ Personal networking or peers
- ☒ Physician recruiters or recruitment fairs
- ☐ State or local medical association
- ☐ Your specific GME program

Q34. What is your overall assessment of practice opportunities in your specialty in Nevada?

- ☐ There are many jobs
- ☐ There are some jobs
- ☐ There are few jobs
- ☐ I don't know

Q35. What is your overall assessment of practice opportunities in your specialty nationally?

- ☐ There are many jobs
- ☐ There are some jobs
- ☐ There are few jobs
- ☐ I don't know

Q36. How many job offers have you received in your specialty in the past twelve months? Please exclude fellowships, chief residency, and other training positions.

- ☐ No – I have received no job offers
- ☐ Yes – I have received 1 to 5 job offers
- ☐ Yes – I have received more than 5 job offers

Q37. Which of the following best describes your assessment employment barriers in the current job market in Nevada for graduating physicians? Check all that apply.

- ☐ Ability to manage student loans and debt
- ☐ Credentialing issues
- ☐ Lack of desirable shifts
- ☐ Lack of employment opportunities for spouse or partner
- ☐ Lack of experience
- ☐ Lack of full-time positions
- ☐ Lack of jobs in specialty areas
- ☐ Lack of jobs in specific region
- ☐ Lack of jobs that meet visa requirements
- ☐ Licensing issues
- ☐ Practice or work environment
- ☐ Starting salary or compensation
- ☐ Other, please specify: _____ [text box]

Q38. Are you pursuing additional training or fellowship?

Additional Training or a Fellowship (Displayed if employment search criteria are not offered or a yes to training, or pursuing additional training or fellowship)

Q39. What additional training or fellowship are you pursuing, e.g. type of fellowship program? _____ [text box]

Q40. What type of fellowship are you entering, e.g. pediatric oncology? _____

Q41. What is the name and location of your fellowship? _____

Q42. If you chose yes, why are you leaving Nevada to pursue additional training or a fellowship?

- ☐ Additional training and fellowship opportunities in my field in Nevada are inadequate or in short supply
- ☐ Additional training and fellowship opportunities in my field do not exist in Nevada
- ☐ Other, please specify: _____ [text box]

Employment

Q43. Upon completion of your current GME training, which of the following best describes your employment position or anticipated position?

- ☐ Patient care, office-based
- ☐ Patient care, hospital-based
- ☐ Administration
- ☐ Medical teaching and research
- ☐ Other, please specify: _____ [text box]

Q44. Please identify all the incentives you received for accepting your new job. Check all that apply.

- ☐ Career development opportunities, e.g. CME
- ☐ Educational loan repayment
- ☐ H-1 visa sponsorship
- ☐ Income guarantees
- ☐ J-1 visa waiver
- ☐ On-call payments
- ☐ Relocation allowances
- ☐ Sign-on bonus
- ☐ Starting salary
- ☐ Other, please specify: _____ [text box]

Q45. Will you be employed or anticipate being employed in Nevada?

- ☐ Yes
- ☐ No

Q46. In which county of Nevada will you be primarily employed or anticipate being employed?

County: _____ [from dropdown list]

Q47. In which state or territory in the U.S. did you accept employment?

State or territory: _____ [from dropdown list]

Q48. What is the most important factor that influenced your decision to remain in or leave Nevada?

- ☐ Ability to find a job
- ☐ Availability of free time
- ☐ Dealing with managed care requirements
- ☐ Dealing with Medicare and Medicaid requirements
- ☐ Educational debt
- ☐ Electronic health records and administrative tasks
- ☐ Enough work to support self or family
- ☐ Family in Nevada
- ☐ Family not in Nevada
- ☐ Fellowship availability
- ☐ Health care reform or efforts to repeal health care reform
- ☐ Incomplete training or experience
- ☐ Medical liability and insurance costs
- ☐ Never intended to practice in Nevada
- ☐ Practice setting or work environment

- Quality of life
- Salary/compensation
- Other, please specify: _____ [text box]

Q49. Would you mind sharing your starting salary? All results will be kept confidential and used to better understand employment opportunities for physicians in Nevada. (Dollars, e.g. 100000 no commas).

_____ [text box]

Final Comments

Q50. What part of your training had the most important impact on your decision to stay or leave, regardless of whether you plan to stay in Nevada or relocate to another state after completing your current residency or fellowship? _____ [text box]

Q51. Do you have any additional comments about physician workforce development (e.g., GME opportunities, state support for medical education, licensing requirements for physicians) in Nevada? _____ [text box]

Thank you for completing the survey!

If you have any questions about this survey or a copy of last year's report, please contact Tabor Griswold, PhD, Office of Statewide Initiatives, tgriswold@med.unr.edu.

If you want additional information on research undertaken by the Nevada Health Workforce Research Center and the Office of Statewide Initiatives, please visit [Office of Statewide Initiatives](#).

Appendix C: Residency and Fellowship Programs in Nevada Accredited by the Accreditation Council for Graduate Medical Education (ACGME) – July 1, 2025

Northern Nevada GME Programs

UNR Medicine GME Programs	Approved Slots	Filled Slots	Percent Filled	PGY1	PGY2	PGY3	PGY4	PGY5	PGY6	PGY7
UNR Residency Programs										
Family Medicine	30	24	80.0	8	7	9				
Internal Medicine	72	61	84.7	24	20	17				
Pediatric Medicine	12	9	75.0	4	4	1				
Psychiatry	32	23	71.9	8	7	4	4			
Subtotal – UNR Residency Programs	146	117	80.1	44	38	31	4			
UNR Fellowship Programs										
Family Medicine – Sports Medicine	2	2	100.0				2			
Internal Medicine – Geriatric Medicine	5	2	40.0				2			
Internal Medicine – Hospice & Palliative Medicine	4	3	75.0				3			
Psychiatry – Child & Adolescent	4	3	75.0					2	1	
Subtotal – UNR Fellowship Programs	15	10	66.7				7	2	1	
Total – UNR Med GME Programs	161	127	78.9	44	38	31	11	2	1	

Southern Nevada GME Programs

UNLV Medicine GME Programs	Approved Slots	Filled Slots	Percent Filled	PGY1	PGY2	PGY3	PGY4	PGY5	PGY6	PGY7
UNLV Residency Programs										
Emergency Medicine	36	34	94.4	12	12	10				
Family Medicine	15	15	100.0	5	5	5				
Family Medicine Rural Program – Winnemucca	6	6	100.0	2	2	2				
Internal Medicine	82	76	92.7	28	23	25				
Obstetrics & Gynecology	24	24	100.0	6	6	6	6			
Orthopaedic Surgery	20	20	100.0	4	4	4	4	4		
Otolaryngology – Head & Neck Surgery	8	7	87.5	1	2	1	2	1		
Pediatric Medicine	39	30	76.9	11	9	10				
Plastic Surgery – Integrated	6	6	100.0	1	1	1	1	1	1	
Psychiatry	40	38	95.0	10	10	10	8			
Surgery – General	29	29	100.0	7	6	5	5	6		
Subtotal – UNLV Residency Programs	305	285	93.4	87	80	79	26	12	1	

Graduate Medical Education Trends in Nevada – 2025

UNLV Fellowship Programs	Approved Slots	Filled Slots	Percent Filled	PGY1	PGY2	PGY3	PGY4	PGY5	PGY6	PGY7
Emergency Medicine – Pediatric	6	5	83.3				1	2	2	
Family Medicine – Sports Medicine	1	1	100.0				1			
Hematology & Medical Oncology	6	0	0.0							
Internal Medicine – Cardiovascular Disease	9	9	100.0				3	3	3	
Internal Medicine – Endo, Diabetes, & Metabolism	4	4	100.0				2	2		
Internal Medicine – Gastroenterology & Hepatology	6	6	100.0				2	2	2	
Internal Medicine – Geriatric Medicine	2	1	50.0				1			
Internal Medicine – Pulmonary Disease & Critical Care	16	10	62.5				3	3	4	
Internal Medicine – Rheumatology	4	2	50.0				2	0		
Orthopaedic - Trauma (OTA-Accredited)	1	0	0.0						0	
Pathology – Forensic	2	0	0.0					0		
Psychiatry – Child & Adolescent	4	4	100.0				2	2		
Psychiatry – Forensic	1	1	100.0					1		
Surgery – Acute Care (AAST-Accredited)	5	4	80.0							4
Surgery – Critical Care	5	4	80.0						4	
Subtotal – UNLV Fellowship Programs	72	51	70.8				17	15	15	4
Total – UNLV Medicine GME Programs	377	336	89.1	87	80	79	43	27	16	4

Dignity Health Hospitals	Approved Slots	Filled Slots	Percent Filled	PGY1	PGY2	PGY3	PGY4	PGY5	PGY6	PGY7
Internal Medicine	36	24	66.7	13	11	0				

HCA Healthcare Sunrise Health GME Programs	Approved Slots	Filled Slots	Percent Filled	PGY1	PGY2	PGY3	PGY4	PGY5	PGY6	PGY7
HCA HSH Residency Programs										
Anesthesiology (Mountain View)	32	28	87.5	7	7	8	6			
Emergency Medicine (MV)	33	29	87.9	12	7	10				
Family Medicine (Southern Hills)	24	26	108.3	8	8	10				
Internal Medicine (MV)	66	62	93.9	21	20	21				
Neurology (SH)	12	10	83.3	2	3	3	2			
Obstetrics & Gynecology (MV)	16	14	87.5	4	4	4	2			
Physical Medicine & Rehabilitation (MV)	18	16	88.9	6	5	5				
Psychiatry (SH)	16	15	93.8	4	4	4	3			
Radiology – Diagnostic (MV)	20	21	105.0	5	6	4	6			
Surgery – General (MV)	28	19	67.9	3	4	4	4	4		
Subtotal – HCA HSH Residency Programs	265	240	90.6	72	68	73	23	4		

Graduate Medical Education Trends in Nevada – 2025

HCA HSH Fellowship Programs	Approved Slots	Filled Slots	Percent Filled	PGY1	PGY2	PGY3	PGY4	PGY5	PGY6	PGY7
Addiction Medicine – Multidisciplinary (SH)	4	2	50.0				2			
Anesthesia – Critical Care Medicine (MV)	3	1	33.3					1		
Internal Medicine – Endocrinology (MV)	4	4	100.0				2	2		
Internal Medicine – Gastroenterology (SH)	9	9	100.0				3	3	3	
Internal Medicine – Infectious Disease (SH)	2	0	0.0				0	0		
Pain Medicine – Multidisciplinary (SH)	2	2	100.0				2			
Subtotal – HCA HSH Fellowship Programs	26	16	61.5				7	6	3	
Total – HCA HSH GME Programs	291	256	88.0	72	67	74	31	10	3	

OPTI West/Valley Hospital GME Consortium	Approved Slots	Filled Slots	Percent Filled	PGY1	PGY2	PGY3	PGY4	PGY5	PGY6	PGY7
OPTI West/Valley Hospital Residency Programs										
Family Medicine	15	15	100.0	4	5	6				
Internal Medicine	45	44	97.8	15	16	13				
Neurology	8	8	100.0	2	2	2	2			
Orthopedic Surgery	10	10	100.0	2	2	2	2	2		
Subtotal – OPTI West/VH Residency Programs	78	77	98.7	23	25	23	4	2		
OPTI West/Valley Hospital Fellowship Programs										
Internal Medicine – Gastroenterology	6	6	100.0				2	2	2	
Internal Medicine – Hospice & Palliative Medicine	3	0	0.0				0			
Internal Medicine – Pulmonary & Critical Care	6	6	100.0				2	2	2	
Subtotal – OPTI West/VH Fellowship Programs	15	12	80.0				4	4	4	
Total – OPTI West/Valley Hospital GME Programs	93	89	95.7	23	25	23	8	6	4	

Southern Nevada Health District GME Programs	Approved Slots	Filled Slots	Percent Filled	PGY1	PGY2	PGY3	PGY4	PGY5	PGY6	PGY7
Public Health & General Preventive Medicine	4	0	0.0		0	0				

Valley Health System GME Consortium	Approved Slots	Filled Slots	Percent Filled	PGY1	PGY2	PGY3	PGY4	PGY5	PGY6	PGY7
Valley Health System Residency Programs										
Emergency Medicine	24	23	95.8	8	8	7				
Family Medicine	30	30	100.0	9	11	10				
Internal Medicine	60	40	66.7	20	20	0				
Psychiatry	32	16	50.0	8	8	0	0			
Surgery – General	28	21	75.0	4	4	4	5	4		
Total – Valley Health System GME Consortium	174	130	74.7	49	51	21	5	4		

Mike O'Callaghan Military Medical Center/Nellis AFB	Approved Slots	Filled Slots	Percent Filled	PGY1	PGY2	PGY3	PGY4	PGY5	PGY6	PGY7
Family Medicine	30	25	83.3	9	7	9				

Graduate Medical Education Trends in Nevada – 2025

ACGME-Accredited GME Programs in Nevada	Approved Slots	Filled Slots	Percent Filled	PGY1	PGY2	PGY3	PGY4	PGY5	PGY6	PGY7
Residency Programs										
Northern Nevada Residency Programs	146	117	80.1	44	38	31	4			
Southern Nevada Residency Programs	892	781	87.6	253	242	205	58	22	1	
Total – Residency Programs in Nevada	1,038	898	86.5	297	280	236	62	22	1	
Fellowship Programs										
Northern Nevada Fellowship Programs	15	10	66.7				7	2	1	
Southern Nevada Fellowship Programs	113	79	69.9				28	25	22	4
Total – Fellowship Programs in Nevada	128	89	69.5				35	27	23	4
Total – GME Programs in Nevada										
Total – GME Programs in Nevada	1,166	987	84.6	297	280	236	97	49	24	4

Appendix D: GME Graduates by Program in Nevada (Number) – 2016 to 2025

Northern Nevada GME Programs

UNR Medicine GME Programs	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	Total
UNR Residency Programs											
Family Medicine	6	4	8	10	9	13	7	12	8	9	86
Internal Medicine	16	18	16	25	30	25	26	28	19	17	220
Pediatric Medicine										1	1
Psychiatry	2	4	3	4	5	5	6	5	5	4	43
<i>Subtotal – UNR Residency Programs</i>	24	26	27	39	44	43	39	45	32	31	350
UNR Fellowship Programs											
Family Medicine – Sports Medicine	1	2	2	2	2	2	2	2	2	2	19
Internal Medicine – Geriatric Medicine	2	4	5	2	3	3	0	1	0	2	22
Internal Medicine – Hospice & Palliative Medicine	3	3	4	2	2	3	2	2	3	3	27
Psychiatry – Child & Adolescent	2	2	2	2	1	2	2	2	1	1	17
<i>Subtotal – UNR Fellowship Programs</i>	8	11	13	8	8	10	6	7	6	8	85
Total – UNR Med GME Programs	32	37	40	47	52	53	45	52	38	39	435

Southern Nevada GME Programs

UNLV Medicine GME Programs	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	Total
UNLV Residency Programs											
Emergency Medicine	10	10	6	11	9	10	10	10	10	10	96
Family Medicine	6	5	4	5	5	5	5	5	5	5	50
Family Medicine Rural Program – Winnemucca		1	2	2	2	2	2	2	2	2	17
Internal Medicine	22	25	19	19	23	22	22	21	22	21	216
Obstetrics & Gynecology	3	3	2	3	5	7	6	5	6	6	46
Orthopaedic Surgery						5	4	4	3	4	20
Otolaryngology – Head & Neck Surgery	1	1	1	1	1	1	1	1	1	1	10
Pediatrics	12	16	13	12	15	12	13	10	9	10	122
Plastic Surgery – Integrated	1	1	1	1	1	1	1	0	2	1	10
Psychiatry	4	6	5	8	5	9	8	8	8	8	69
Surgery – General	5	6	4	5	4	4	6	4	4	6	48
<i>Subtotal – UNLV Residency Programs</i>	64	74	57	67	70	78	78	70	72	74	704
UNLV Fellowship Programs											
Emergency Medicine – Pediatric								1	2	2	5
Family Medicine – Obstetrics	1										1
Family Medicine – Sports Medicine	2	1	1	1	1	3	2	1	1	1	14
Internal Medicine – Cardiovascular Disease		3	2	3	4	3	3	3	3	3	27

Graduate Medical Education Trends in Nevada – 2025

Internal Medicine – Critical Care Medicine						3	2	2	3	3	13
Internal Medicine – Endo, Diabetes, & Metabolism							2	2	2	2	8
Internal Medicine – Gastroenterology		2	2	0	2	2	2	2	2	2	16
Internal Medicine – Geriatric Medicine						1	1	0	1	1	4
Internal Medicine – Hematology and Medical Oncology											
Internal Medicine – Pulmonary Disease & Critical Care			3	3	2	3	3	4	2	3	23
Internal Medicine – Rheumatology											
OBG – Minimally Invasive Surgery	0	1	1	2	2	0	0	0	0	0	6
Orthopedic – Trauma (OTA-Accredited)									1	0	1
Pathology – Forensic											
Psychiatry – Child & Adolescent	2	0	1	1	1	2	2	2	2	2	15
Psychiatry – Forensic								0	1	1	2
Surgery – Acute Care (AAST- Accredited)	2	4	3	3	3	2	4	5	3	4	33
Surgery – Critical Care	3	0	0	0	0	0	0	2	0	0	5
Surgery – Micro/Hand		1									1
Subtotal – UNLV Fellowship Programs	10	12	13	13	15	19	21	25	22	24	174
Total – UNLV Medicine GME Programs	74	86	70	80	85	97	99	95	94	98	878

Dignity Health Hospitals	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	Total
Internal Medicine									0	0	0

HCA Healthcare Sunrise Health GME Programs	2016	2017	2018	2019	20520	2021	2022	2023	2024	2025	Total
HCA HSH Residency Programs											
Anesthesiology (Mountain View)						6	8	7	4	6	31
Emergency Medicine (MV)						9	8	11	11	10	49
Family Medicine (Southern Hills)					6	8	8	8	8	10	48
Internal Medicine (MV)			20	20	19	19	22	20	23	21	164
Neurology (SH)					0	0	0	0	2	2	4
Obstetrics & Gynecology (MV)					4	4	4	4	4	2	22
Physical Medicine & Rehabilitation (MV)							5	6	6	5	22
Psychiatry (SH)								3	4	4	11
Radiology – Diagnostic (MV)					0	0	0	0	5	6	11
Surgery – General (MV)				4	3	5	4	4	3	4	27
Subtotal – HCA HSH Residency Programs			20	24	32	51	59	63	70	70	389
HCA HSH Fellowship Programs	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	Total
Anesthesia – Critical Care Medicine (MV)							0	0	0	1	1
Addiction Medicine – Multidisciplinary							1	1	2	2	6
Internal Medicine – Endocrinology (MV)							2	2	2	2	8
Internal Medicine – Gastroenterology (SH)							3	2	3	3	11
Internal Medicine – Infectious Disease											
Pain Medicine – Multidisciplinary (SH)							2	0	2	2	6

Graduate Medical Education Trends in Nevada – 2025

<i>Subtotal – HCA HSH Fellowship Programs</i>							8	5	9	8	32
Total – HCA HSH GME Programs			20	24	32	51	67	68	79	80	421

OPTI West/Valley Hospital GME Consortium	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	Total
OPTI West/Valley Hospital Residency Programs											
Family Medicine			5	5	5	5	5	5	5	6	41
Internal Medicine			15	17	15	15	15	15	14	13	119
Neurology			2	2	3	2	2	2	2	2	17
Orthopedic Surgery				2	2	2	2	2	2	2	14
<i>Subtotal – OPTI West/VH Residency Programs</i>			22	26	25	24	24	24	23	23	191
OPTI West/Valley Hospital Fellowship Programs											
Internal Medicine – Gastroenterology			1	2	1	2	2	2	2	2	14
Internal Medicine – Hospice & Palliative Medicine								3	1	0	4
Internal Medicine – Pulmonary & Critical Care				1	1	3	2	2	2	2	13
<i>Subtotal – OPTI West/VH Fellowship Programs</i>			1	3	2	5	4	7	5	4	31
Total – OPTI West/Valley Hospital GME Programs			23	29	27	29	28	31	28	27	222

Southern Nevada Health District GME Programs	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	Total
Public Health & General Preventive Medicine					0	0	1	0	—		1

Valley Health System GME Consortium	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	Total
Valley Health System Residency Programs											
Emergency Medicine								8	8	7	23
Family Medicine							10	10	8	10	38
Internal Medicine											
Psychiatry											
Surgery – General								3	4	4	11
<i>Subtotal – Valley Health System Residency Programs</i>							10	21	20	21	72
Total – Valley Health System GME Consortium							10	21	20	21	72

Mike O’Callaghan Military Medical Center/Nellis AFB	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	Total
Family Medicine										9	9

Graduate Medical Education Trends in Nevada – 2025

Graduates from GME Programs in Nevada	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	Total
Residency Programs											
Northern Nevada Residency Programs	24	26	26	39	44	43	39	45	37	31	354
Southern Nevada Residency Programs	64	74	99	117	127	153	172	178	185	197	1,366
Total – Residency Programs in Nevada	88	100	125	156	171	196	211	225	222	228	1,720
Fellowship Programs											
Northern Nevada Fellowship Programs	8	10	13	8	8	10	6	7	6	8	84
Southern Nevada Fellowship Programs	10	12	14	16	17	24	33	37	36	38	237
Total – Fellowship Programs in Nevada	18	22	27	24	25	34	39	44	42	46	321
Total – GME Programs in Nevada											
Total – GME Programs in Nevada	106	122	152	180	196	230	250	267	264	274	2,041

Appendix E: GME Graduates by Program in Nevada (Number Retained) – 2016 to 2025

Northern Nevada GME Programs

UNR Medicine GME Programs	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	Total
UNR Residency Programs											
Family Medicine	2	2	2	8	8	12	4	7	5	7	57
Internal Medicine	7	9	6	8	12	6	8	5	9	4	73
Pediatric Medicine										1	1
Psychiatry	1	2	0	2	2	3	2	1	2	2	17
<i>Subtotal – UNR Residency Programs</i>	<i>10</i>	<i>13</i>	<i>8</i>	<i>18</i>	<i>22</i>	<i>21</i>	<i>14</i>	<i>13</i>	<i>15</i>	<i>14</i>	<i>148</i>
UNR Fellowship Programs											
Family Medicine – Sports Medicine	0	0	0	0	2	2	0	1	0	0	5
Internal Medicine – Geriatric Medicine	2	3	3	2	1	0	0	1	0	1	13
Internal Medicine – Hospice & Palliative Medicine	1	1	0	1	0	2	0	1	1	0	7
Psychiatry – Child & Adolescent	1	1	1	2	0	0	0	2	0	1	8
<i>Subtotal – UNR Fellowship Programs</i>	<i>4</i>	<i>5</i>	<i>4</i>	<i>5</i>	<i>3</i>	<i>4</i>	<i>0</i>	<i>5</i>	<i>1</i>	<i>2</i>	<i>33</i>
Total – UNR Med GME Programs	14	18	12	23	25	25	14	18	16	16	181

Southern Nevada GME Programs

UNLV Medicine GME Programs	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	Total
UNLV Residency Programs											
Emergency Medicine	2	2	5	5	4	7	5	9	5	4	48
Family Medicine	6	2	2	0	2	4	2	2	5	4	29
Family Medicine Rural Program – Winnemucca		1	1	0	1	0	1	0	0	0	4
Internal Medicine	12	5	2	10	9	8	10	12	8	11	87
Obstetrics & Gynecology	1	0	1	2	1	3	3	0	2	1	14
Orthopaedic Surgery						0	1	0	0	0	1
Otolaryngology – Head & Neck Surgery	0	0	0	0	0	0	0	0	0	0	0
Pediatrics	1	2	3	4	4	3	5	3	0	3	28
Plastic Surgery – Integrated	0	0	0	0	0	0	0	0	1	1	2
Psychiatry	3	2	4	4	4	7	8	8	0	7	47
Surgery – General	1	1	1	2	1	1	1	0	1	1	10
<i>Subtotal – UNLV Residency Programs</i>	<i>26</i>	<i>15</i>	<i>18</i>	<i>27</i>	<i>27</i>	<i>33</i>	<i>36</i>	<i>34</i>	<i>22</i>	<i>32</i>	<i>270</i>

Graduate Medical Education Trends in Nevada – 2025

UNLV Fellowship Programs	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	Total
Emergency Medicine – Pediatrics								1	1	1	3
Family Medicine – Obstetrics	1										1
Family Medicine – Sports Medicine	1	0	1	1	0	1	1	0	1	0	6
Internal Medicine – Cardiovascular Disease		0	0	0	0	0	0	1	0	1	2
Internal Medicine – Critical Care Medicine (2 Yr)						2	0	1	1	0	4
Internal Medicine – Endocrinology, Diabetes, & Metabolism							1	0	1	1	3
Internal Medicine – Gastroenterology and Hepatology		1	0	0	2	1	1	1	1	0	7
Internal Medicine – Geriatric Medicine	0	0	0	0	0	0	1	0	1	1	3
Internal Medicine – Hematology and Infectious Disease											
Internal Medicine – Pulmonary Disease & Critical Care			2	1	1	0	2	3	1	0	9
Internal Medicine – Rheumatology											
Obstetrics – Minimally Invasive Surgery					1						1
Orthopedic – Trauma (OTA – Accredited)								0	0	0	0
Pathology – Forensic											
Psychiatry – Child & Adolescent	2	0	1	1	0	1	2	2	2	1	12
Psychiatry – Forensic									1	1	2
Surgery – Acute Care (AAST – Accredited)	0	1	2	1	2	0	0	1	2	3	12
Surgery – Critical Care	0	0	0	0	0	0	0	0	0	0	0
Subtotal – UNLV Fellowship Programs	4	2	6	4	6	5	8	10	12	9	65
Total – UNLV Medicine GME Programs	30	17	24	31	33	38	44	44	34	41	335

Dignity Health Hospitals	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	Total
Internal Medicine								0	0	0	0

HCA Healthcare Sunrise Health GME Programs	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	Total
HCA HSH Residency Programs											
Anesthesiology (Mountain View)						3	4	4	2	1	14
Emergency Medicine (MV)						6	3	4	4	6	23
Family Medicine (Southern Hills)					1	5	3	4	4	6	23
Internal Medicine (MV)			8	13	11	11	3	9	9	11	75
Neurology (SH)								0	0	0	0
Obstetrics & Gynecology (MV)					0	2	0	4	0	0	6
Physical Medicine & Rehabilitation (MV)							1	3	3	2	9
Psychiatry (SH)								3	4	4	11
Radiology – Diagnostic (MV)								0	2	0	2
Surgery – General (MV)			0	0	0	0	1	1	0	0	2
Subtotal – HCA HSH Residency Programs			8	13	12	27	15	32	28	30	165

HCA HAS Fellowship Programs	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	Total
Anesthesia – Critical Care Medicine (MV)						0	0	0	0	1	1
Addiction Medicine – Multidisciplinary							1	0	1	1	2
Internal Medicine – Endocrinology (MV)						0	2	2	0	2	6

Graduate Medical Education Trends in Nevada – 2025

Internal Medicine – Gastroenterology (SH)							1	1	1	2	5
Internal Medicine – Infectious Disease											0
Pain Medicine – Multidisciplinary (SH)							2	0	1	0	5
<i>Subtotal – HCA HSH Fellowship Programs</i>						0	5	3	5	6	19
Total – HCA HSH GME Programs			8	13	12	27	20	35	33	36	184

OPTI West/Valley Hospital GME Consortium	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	Total
OPTI West/Valley Hospital Residency Programs											
Family Medicine			5	5	2	3	3	4	4	2	28
Internal Medicine			9	10	6	11	15	11	8	4	74
Neurology			2	1	1	0	0	1	1	0	6
Orthopedic Surgery				0	0	2	2	1	0	0	5
<i>Subtotal – OPTI West/VH Residency Programs</i>			16	16	9	16	20	17	13	6	113
OPTI West/Valley Hospital Fellowship Programs											
Internal Medicine – Gastroenterology			1	0	1	1	0	0	0	2	5
Internal Medicine – Hospice & Palliative Medicine			0	0	0	0	0	2	0	0	3
Internal Medicine – Pulmonary & Critical Care				1	0	0	2	1	1	0	5
<i>Subtotal – OPTI West/VH Fellowship Programs</i>			1	1	1	1	2	3	1	2	13
Total – OPTI West/Valley Hospital GME Programs			17	17	10	17	22	20	14	8	126

Southern Nevada Health District GME Programs	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	Total
Preventive Medicine & General Preventative Medicine					0	0	0	0	0	0	0

Valley Health System GME Consortium	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	Total
Valley Health System Residency Programs											
Emergency Medicine								2	4	2	8
Family Medicine							5	9	6	6	26
Internal Medicine											
Psychiatry											
Surgery – General								1	0	0	1
<i>Subtotal – Valley Health System Residency Programs</i>							5	12	10	8	35
Total – Valley Health System GME Consortium							5	12	10	8	35

Mike O’Callaghan Military Medical Center/Nellis AFB	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	Total
Family Medicine	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

Graduate Medical Education Trends in Nevada – 2025

Graduates Retained from GME Programs in Nevada	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	Total
Residency Programs											
Northern Nevada Residency Programs	10	13	8	18	22	21	14	13	15	14	148
Southern Nevada Residency Programs	23	14	42	56	49	76	77	95	74	80	586
Total – Residency Programs in Nevada	33	27	50	74	71	97	91	108	89	94	734
Fellowship Programs											
Northern Nevada Fellowship Programs	4	5	4	5	3	4	0	5	1	2	33
Southern Nevada Fellowship Programs	4	2	5	5	7	6	15	16	18	17	96
Total – Fellowship Programs in Nevada	8	7	9	10	10	10	15	21	19	19	129
Total – GME Programs in Nevada											
	41	34	59	84	81	107	106	129	108	113	863

Appendix F: GME Retention by Program in Nevada (Percent Retained) – 2016 to 2025

Northern Nevada GME Programs

UNR Medicine GME Programs	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	Total
UNR Residency Programs											
Family Medicine	33.3	50.0	28.6	80.0	88.9	92.3	57.1	58.3	62.5	77.8	67.1
Internal Medicine	43.8	50.0	37.5	32.0	40.0	24.0	30.8	17.9	33.3	23.5	32.4
Pediatric Medicine										100.0	100.0
Psychiatry	50.0	50.0	0.0	50.0	40.0	60.0	33.3	20.0	40.0	50.0	39.5
<i>Subtotal – UNR Residency Programs</i>	<i>41.7</i>	<i>50.0</i>	<i>30.8</i>	<i>46.2</i>	<i>50.0</i>	<i>48.8</i>	<i>35.9</i>	<i>28.9</i>	<i>40.5</i>	<i>45.2</i>	<i>41.8</i>
UNR Fellowship Programs											
Family Medicine – Sports Medicine	0.0	0.0	0.0	0.0	100.0	100.0	0.0	50.0	0.0	0.0	26.3
Internal Medicine – Geriatric Medicine	100.0	75.0	60.0	100.0	33.3	0.0	0.0	100.0	0.0	50.0	59.1
Internal Medicine – Hospice & Palliative Medicine	33.3	33.3	0.0	50.0	0.0	66.7	0.0	50.0	33.3	0.0	25.9
Psychiatry – Child & Adolescent	50.0	50.0	50.0	100.0	0.0	0.0	0.0	100.0	0.0	100.0	47.1
<i>Subtotal – UNR Fellowship Programs</i>	<i>50.0</i>	<i>45.5</i>	<i>30.8</i>	<i>62.5</i>	<i>37.5</i>	<i>40.0</i>	<i>0.0</i>	<i>71.4</i>	<i>16.7</i>	<i>25.0</i>	<i>38.8</i>
Total – UNR Med GME Programs	43.8	48.6	30.8	48.9	48.1	47.2	31.1	34.6	37.2	41.0	41.3

Southern Nevada GME Programs

UNLV Medicine GME Programs	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	Total
UNLV Residency Programs											
Emergency Medicine	20.0	20.0	66.7	45.5	55.6	70.0	50.0	90.0	50.0	40.0	50.0
Family Medicine	100.0	40.0	50.0	0.0	40.0	80.0	40.0	40.0	100.0	80.0	58.0
Family Medicine Rural Program – Winnemucca		0.0	50.0	0.0	50.0	0.0	50.0	0.0	0.0	0.0	17.6
Internal Medicine	40.9	20.0	10.5	52.6	39.1	36.4	45.5	57.1	36.4	52.4	38.9
Obstetrics & Gynecology	33.3	0.0	50.0	66.7	0.0	42.9	50.0	0.0	33.3	16.7	30.4
Orthopaedic Surgery						0.0	25.0	0.0	0.0	0.0	5.0
Otolaryngology – Head & Neck Surgery	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Pediatrics	8.3	12.5	23.1	33.3	26.7	25.0	38.5	30.0	0.0	30.0	23.0
Plastic Surgery – Integrated	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	50.0	100.0	20.0
Psychiatry	75.0	33.3	80.0	50.0	80.0	77.8	100.0	100.0	0.0	87.5	68.1
Surgery – General	20.0	16.7	25.0	40.0	25.0	25.0	16.7	0.0	25.0	16.7	20.8
<i>Subtotal – UNLV Residency Programs</i>	<i>35.9</i>	<i>18.9</i>	<i>31.6</i>	<i>40.3</i>	<i>38.6</i>	<i>42.3</i>	<i>46.2</i>	<i>48.6</i>	<i>30.6</i>	<i>43.2</i>	<i>37.8</i>

Graduate Medical Education Trends in Nevada – 2025

UNLV Fellowship Programs	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	Total
Emergency Medicine – Pediatric								100.0	50.0	50.0	60.0
Family Medicine – Obstetrics	100.0										100.0
Family Medicine – Sports Medicine	50.0	0.0	100.0	100.0	0.0	33.3	50.0	0.0	100.0	0.0	42.9
Internal Medicine – Cardiovascular Disease		0.0	0.0	0.0	0.0	0.0	0.0	33.3	0.0	33.3	7.4
Internal Medicine – Critical Care Medicine						66.7	0.0	50.0	33.3	0.0	30.8
Internal Medicine – Endo, Diabetes, & Metabolism							50.0	0.0	50.0	50.0	37.5
Internal Medicine – Gastroenterology and Hepatology		50.0	0.0	0.0	100.0	50.0	50.0	50.0	50.0	0.0	43.8
Internal Medicine – Geriatric Medicine	0.0	0.0	0.0	0.0	0.0	0.0	100.0	0.0	100.0	100.0	75.0
Internal Medicine – Hematology and Medical Oncology											0.0
Internal Medicine – Pulmonary Disease & Critical Care			0.0	33.3	50.0	0.0	66.7	75.0	50.0	0.0	34.8
Internal Medicine – Rheumatology										0.0	0.0
OBG – Minimally Invasive Surgery	0.0	0.0	0.0	0.0	50.0	0.0	0.0	0.0	0.0	0.0	16.7
Orthopedic – Trauma (OTA-Accredited)								0.0	0.0	0.0	0.0
Pathology – Forensic										0.0	0.0
Psychiatry – Child & Adolescent	100.0	0.0	100.0	100.0	0.0	50.0	100.0	100.0	100.0	50.0	80.0
Psychiatry – Forensic									100.0	100.0	100.0
Surgery – Acute Care (AAST-Accredited)	0.0	25.0	66.7	33.3	66.7	0.0	0.0	20.0	66.7	75.0	36.4
Surgery – Critical Care	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Surgery – Micro/Hand	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Subtotal – UNLV Fellowship Programs	40.0	16.7	30.8	30.8	40.0	26.3	38.1	40.0	54.5	37.5	36.8
Total – UNLV Medicine GME Programs	36.5	18.6	31.4	38.8	38.8	39.2	44.4	46.3	36.2	41.8	37.6

Dignity Health GME Programs	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	Total
Internal Medicine							0.0	0.0	0.0	0.0	0.0

HCA Healthcare Sunrise Health GME Programs	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	Total
HCA HSH Residency Programs											
Anesthesiology (Mountain View)						50.0	50.0	57.1	50.0	16.7	45.2
Emergency Medicine (MV)						66.7	50.0	36.4	36.4	60.0	49.0
Family Medicine (Southern Hills)					16.7	62.5	37.5	50.0	50.0	60.0	47.9
Internal Medicine (MV)			40.0	65.0	57.9	57.9	13.6	45.0	39.1	52.4	45.7
Neurology (SH)								0.0	0.0	0.0	0.0
Obstetrics & Gynecology (MV)					0.0	50.0	0.0	100.0	0.0	0.0	27.3
Physical Medicine & Rehabilitation (MV)							20.0	50.0	50.0	40.0	40.9
Psychiatry (SH)								100.0	100.0	100.0	100.0
Radiology – Diagnostic (MV)								0.0	40.0	0.0	18.2
Surgery – General (MV)				0.0	0.0	0.0	25.0	25.0	0.0	0.0	7.4
Subtotal – HCA HSH Residency Programs			40.0	54.2	37.5	52.9	27.1	50.8	40.0	42.9	42.7
HCA HSH Fellowship Programs	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	Total
Anesthesia – Critical Care Medicine (MV)										100.0	100.0
Addiction Medicine – Multidisciplinary							100.0	0.0	100.0	50.0	66.7

Graduate Medical Education Trends in Nevada – 2025

Internal Medicine – Endocrinology (MV)							100.0	100.0	0.0	100.0	75.0
Internal Medicine – Gastroenterology (SH)							33.3	50.0	33.3	66.7	45.5
Internal Medicine – Infectious Disease											
Pain Medicine – Multidisciplinary							50.0	0.0	100.0	0.0	62.5
Subtotal – HCA HSH Fellowship Programs							50.0	80.0	55.6	60.0	59.4
Total – HCA HSH GME Programs			40.0	54.2	37.5	52.9	31.3	51.5	41.8	45.0	43.9

OPTI West/Valley Hospital GME Consortium	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	Total
OPTI West/Valley Hospital Residency Programs											
Family Medicine			71.4	100.0	33.3	60.0	60.0	80.0	80.0	40.0	65.1
Internal Medicine			69.2	58.8	46.2	73.3	100.0	73.3	57.1	30.8	64.3
Neurology			100.0	50.0	33.3	0.0	0.0	50.0	50.0	0.0	35.3
Orthopedic Surgery				0.0	0.0	100.0	100.0	50.0	0.0	0.0	35.7
Subtotal – OPTI West/VH Residency Programs			72.7	61.5	37.5	66.7	83.3	70.8	56.5	27.3	59.8
OPTI West/Valley Hospital Fellowship Programs											
Internal Medicine – Gastroenterology			100.0	0.0	100.0	50.0	0.0	0.0	0.0	100.0	35.7
Internal Medicine – Hospice & Palliative Medicine			0.0	0.0	0.0	0.0	0.0	66.7	0.0	0.0	75.0
Internal Medicine – Infectious Disease											
Internal Medicine – Pulmonary & Critical Care				100.0	0.0	0.0	100.0	50.0	50.0	0.0	41.7
Subtotal – OPTI West/VH Fellowship Programs			100.0	33.3	100.0	20.0	50.0	42.9	20.0	50.0	43.3
Total – OPTI West/Valley Hospital GME Programs			73.9	58.6	40.0	58.6	78.6	64.5	50.0	44.4	59.0

Southern Nevada Health District GME Programs	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	Total
Preventive Medicine & General Preventative Medicine					0.0	0.0	0.0	0.0	0.0	0.0	0.0

Valley Health System GME Consortium	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	Total
Valley Health System Residency Programs											
Emergency Medicine								25.0	50.0	28.6	34.8
Family Medicine							50.0	90.0	87.5	60.0	71.1
Internal Medicine											
Psychiatry											
Surgery – General								33.3	0.0	0.0	9.1
Subtotal – Valley Health System Residency Programs							50.0	57.1	55.0	38.1	50.0
Total – Valley Health System GME Consortium							50.0	57.1	55.0	38.1	50.0

Mike O’Callaghan Military Medical Center/Nellis AFB	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	Total
Family Medicine	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Graduate Medical Education Trends in Nevada – 2025

Graduates Retained from GME Programs in Nevada	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	Total
Residency Programs											
Northern Nevada Residency Programs	41.7	50.0	30.8	46.2	50.0	48.8	35.9	28.9	40.5	45.2	41.8
Southern Nevada Residency Programs	35.9	18.9	42.4	47.9	38.6	49.7	44.8	53.4	40.0	40.6	42.9
Total – Residency Programs in Nevada	37.5	27.0	40.0	47.4	41.5	49.5	43.1	48.4	40.1	41.2	42.7
Fellowship Programs											
Northern Nevada Fellowship Programs	50.0	50.0	30.8	62.5	37.5	40.0	0.0	71.4	16.7	25.0	39.3
Southern Nevada Fellowship Programs	40.0	16.7	35.7	31.3	47.1	25.0	45.5	43.2	50.0	44.7	40.5
Total – Fellowship Programs in Nevada	44.4	31.8	33.3	41.7	44.0	29.4	38.5	47.7	45.2	41.3	40.2
Total – GME Programs in Nevada											
	38.7	27.9	38.8	46.7	41.8	46.5	42.4	48.3	40.9	41.2	42.3



University of Nevada, Reno

School of Medicine

Office of Statewide Initiatives

Advisory Council Work Planning

Stacie Weeks, NVHA Director
Malinda Southard, NVHA Deputy Director



September 26, 2025



GME Timeline Example

Full Process of Starting a New GME Program within an ACGME-Accredited Sponsoring Institution

Planning:

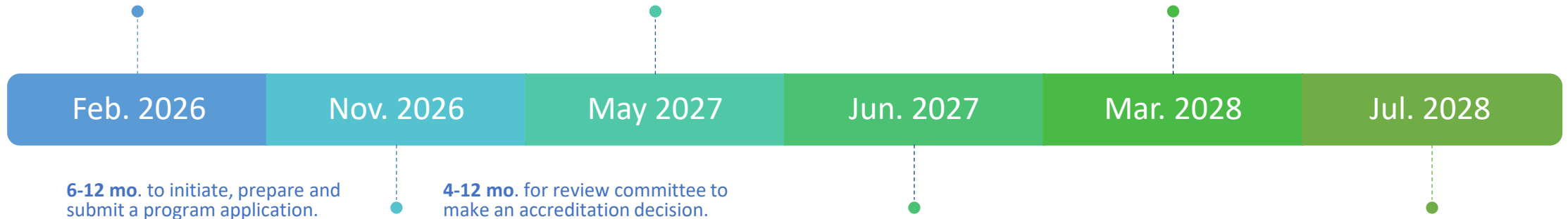
Begin the planning process.
Find sites, teachers, design
curriculum, and sign contracts.

Approval:

Receive GME program approval

Match Complete:

Matching is complete, work on
onboarding and contracts



Submit Application:

Submit completed GME
program application package
to ACGME / Resident Review
Committee (RRC)

RRC may only meet 3x/yr.

Match Registration:

Register GME program with
the National Resident
Matching Program, advertise,
interview and rank

Start Day:

Residents begin the new GME
program



GME Accelerated Timeline Example

Starting a New GME Program

For programs **ready to submit application to ACGME**

Submit Application:

Submit completed application package to ACGME / Resident Review Committee (RRC)

Match Registration:

Register GME program with the National Resident Matching Program, advertise, interview and rank

Start Day:

Residents begin the new GME program



Approval:

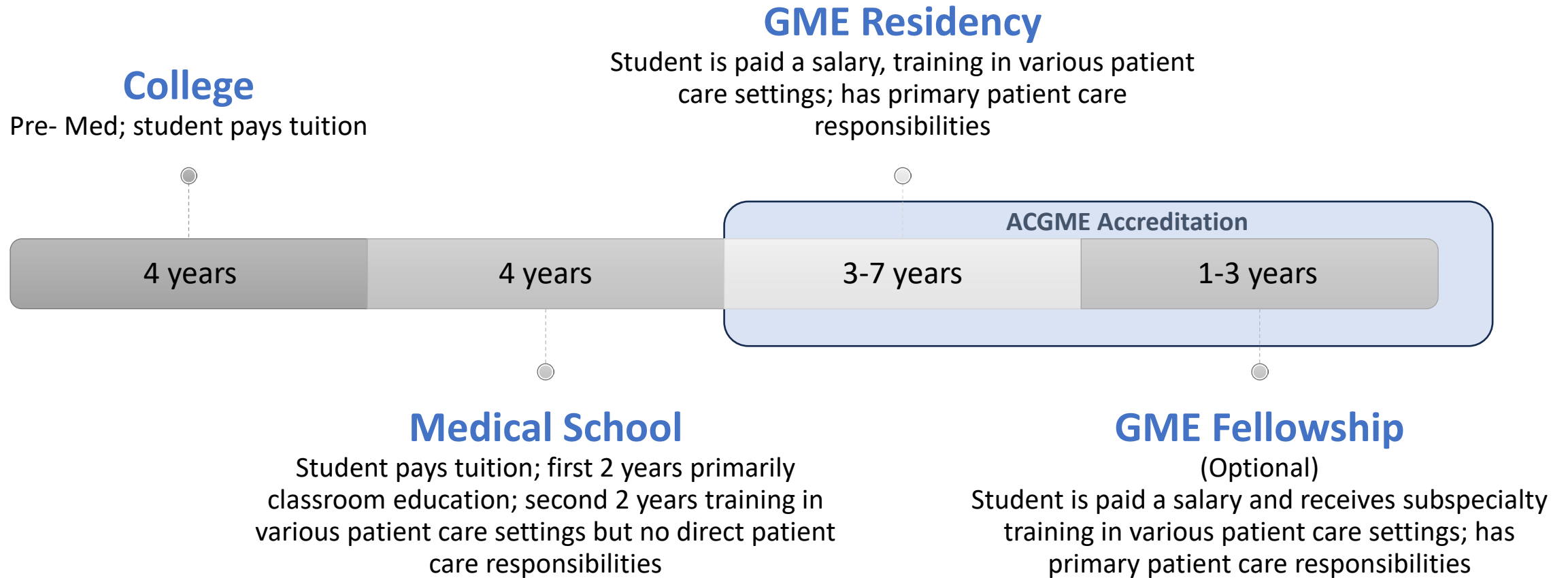
Receive GME program approval

Match Complete:

Matching is complete, work on onboarding and contracts



Steps to Physician Practice





DRAFT for Discussion: GME Grant Timeline

Prepare:

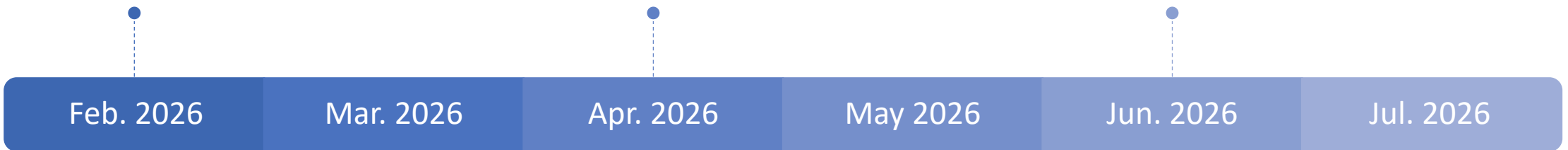
GME Council to meet, discuss progress of current GME programs and prepare for new round of funding applications

GME Grant RFA Closes:

End of April

Notice of Award Released to Funded Applicants:

Meet with grantees and signing of subgrant agreements



GME Grant RFA Opens:

Round 8 Request for Applications (RFA) live beginning of March

Grant Application Review:

Advisory Council scores all applications and provides recommendations to NVHA for funding applications based on scores.

Round 8 GME Grant Start



Additional GME Grant Considerations

SB262, Section 6, Subsection 2

The NVHA may award limited GME Grant Program grants to:

- Assist institutions in building administrative and operational capacity as necessary to establish a new program for residency training and postdoctoral fellowships.
- Recruit personnel essential to the operation of a program for residency training and postdoctoral fellowships, including program directors and resident faculty. Such recruitment may consist of paying relocation expenses, providing supplements to salaries and providing professional development.



Survey Comments for Discussion in Work Plan Development

Challenges to expand or grow GME Programs:

- Resident Pay in Nevada – may be low in comparison to other states
- Partner hospitals often do not support resident training requirements
- Medicare caps can make expansion of existing programs difficult
- Sustainability of funding for programs can be difficult beyond start-up or expansion
- Meeting the housing needs of residents and their families

Opportunities for Impact:

- Many survey respondents are planning for new programs
- Opportunity for new federal and state funding strategies to enhance GME
- Consider ways to enhance training opportunities and/or partnerships with hospitals



Developing a Work Plan

Month/Year	Activity
November 2025	
February 2026	Advisory Council to meet and set foundation for Round 8 grant applicants

In addition, how does the Advisory Council wish to address:

Study and make recommendations to NVHA, the Governor, and the Legislature concerning:

- The **creation and retention** of Nevada programs for residency training and postdoctoral fellowships that are approved by ACGME; and
- The **recruitment and retention** of physicians necessary to meet the health care needs of Nevada residents, with the emphasis on those health care needs.

In collaboration with NVHA, the Advisory Council shall explore ways to use **federal financial participation in Medicaid** to support programs for medical residency training and postdoctoral fellowships in Nevada.



Contact Information

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Acronyms

- ACGME: Accreditation Council for Graduate Medical Education
- FTE: Full-Time Equivalent
- GM: Graduate Medical
- GME: Graduate Medical Education
- NRS: Nevada Revised Statute
- OBGYN: Obstetrics and Gynecology
- OSIT: Office of Science, Innovation, and Technology in the Office of the Governor
- Q: Quarter
- SB: Senate Bill
- SFY: State Fiscal Year
- SGF: State General Fund
- SOM: School of Medicine
- TF: Task Force
- UNLV: University of Nevada, Las Vegas
- UNR: University of Nevada, Reno