



Questions and Answers About the AAMC's New Physician Workforce Position

Why has the AAMC called for a 30% increase in enrollment?

- The supply of U.S. physicians has been the subject of debate for several years now. The AAMC has, on an ongoing basis, monitored this debate, and over the past two years we have undertaken an intensive analysis of the available data.
- Demand for services are rising: (1) the population of the US is growing rapidly; (2) the largest growth will occur in people over the age of 65—those that consume the greatest health care resources; and (3) the expectations and wealth of Americans will motivate and enable them to use more health care services.
- The available supply is also about to decrease: (1) one-third (250,000) of active physicians are over age 55 and likely to retire by 2020; and (2) the newest generation of physicians is unlikely to be willing to work the long hours that prior generations of physicians reportedly worked. The physician-to-population ratio will peak by 2020 when Americans will need more, not fewer, medical services as the baby boomers begin to approach 75 years of age.
- Several studies have suggested a substantial physician shortage (100,000 or more) will develop in the next 20 years. In response to this view, last year the Council on Graduate Medical Education (COGME) called for an expansion of the number of students admitted to medical schools.
- Ongoing analysis by the AAMC indicates that shortages are becoming more, not less, likely. At least a dozen states and a dozen physician specialties are reporting shortages or expecting them in the near term.

Some scenarios predict the nation could suffer a shortage of 200,000 physicians, why hasn't AAMC recommended a larger increase? What if the current projections are wrong?

- While there is growing evidence that a shortage is likely in 2015 and beyond, adding medical school capacity is costly and represents a major investment for our society. The AAMC also recognizes that there are many unknowns that make forecasting future supply and demand very difficult, such as medical advances and changes in organization and financing. The AAMC believes an increase at this time, with continued monitoring of developments and trends in supply and demand, is the most prudent approach.
- The AAMC Center for Workforce Studies will track physician supply and demand and will update forecasts for physicians every two years or so. If the best available data over the next several years indicate that we need additional increases or decreases in capacity, the AAMC will recommend further adjustments. Moreover, a 30% increase in U.S.-trained allopathic

graduates – about 5,000 additional matriculants per year -- would still yield less than the per capita enrollment of 1980 and add fewer students than the number of first-year ACGME-accredited residency positions currently filled by IMGs. The number of IMGs could be reduced to keep physician production at current levels if there are major changes in the delivery system or the epidemiology of disease that decrease the future demand for physician services.

How will the expansion be accomplished?

- Increases in the number of MD graduates will be achieved through expansion of existing schools and the creation of new schools.
- 56% of allopathic schools surveyed by the Center for Workforce Studies in 2005 indicate they plan to expand (or have already expanded since 2001). Existing U.S. allopathic medical schools expect to increase enrollment by as many as 919 first-year students by 2010-11, 5.4 percent more students than in 2005-06.
- It appears likely that five new allopathic schools will open in the next five years. The aggregate enrollment increase from new schools is estimated to be as many as 360 students by 2010-11; by 2015, 500 students per year or more may be enrolled in new schools.
- This growth represents a major effort at expansion to meet the nation's needs; consider that, between 1980 and 2005, the number of MD graduates remained almost constant at about 15,700 per year.

Do we really need more doctors or do we need other health professionals?

- There is little doubt that Americans will need and want more medical services as the population grows and ages. A key question is: How much of that future need will be addressed by physicians and how much by other health professionals? Clearly, there are many other health professionals willing and interested in providing services that are now within the domain of physicians. While more services currently provided by physicians can probably be safely provided by others, there are services and activities which only physicians can provide.
- The forecasts of shortages account for growth in the number of non-physician clinicians, such as nurse practitioners and physician assistants while considering the length of time needed to educate and train a physician (7 years or more).
- Decisions as to which services can be provided by other health professionals should be based on sound research and professional judgment, not by default through shortages of physicians. More studies of the relationship between health outcomes and different types of providers are needed.

Isn't the physician shortage really a problem of mal-distribution?

- There are still serious mal-distribution problems—one in five U.S. residents is medically underserved. The nation will be facing shortages that are likely to worsen access issues unless more physicians are available. However, it is clear that increasing the number of

physicians alone will not improve distribution and effective policies for improving access must be continued and enhanced. In its efforts to support improved information and access, AAMC will be conducting a major study of physician distribution policies in the coming months.

- In addition, the AAMC's strongly advocates for an increase in support for the National Health Service Corps. Such an increase would help students with the rising level of debt, and would also encourage new physicians to practice in our most underserved communities.
- While the nation must address the coming shortage of physicians, it must also find ways to deliver care more efficiently and effectively even if a 30% increase can be achieved.

How will this call for more U.S. medical students affect international medical school graduates (IMGs)? Won't this mean that fewer IMGs will be able to train in the US and practice in underserved communities?

- The new AAMC position statement calls for an end to the cap on graduate medical education positions reimbursed by Medicare and does not recommend a decrease in IMGs. The explicit goal of the new policy is to increase the number of physicians available to serve Americans which cannot be accomplished without an increase in residency training.
- AAMC will continue to support opportunities for IMGs to train and practice in the U.S., and is committed to increase its involvement in international medical education while finding ways to reduce the drain of valuable human resources from less developed nations.

Are there enough qualified applicants to support an increase in enrollment?

- In 2005, twice as many perspective students applied to US allopathic medical schools as were accepted. By letting the nation know of the need for more physicians and creating more educational opportunities, we expect that even more qualified individuals will apply to medical school.
- However, the Association remains concerned that certain racial and ethnic minorities continue to be significantly under represented in medicine. Consequently, the AAMC is about to embark upon a major campaign and marketing strategy designed to increase enrollment of students from these under-represented groups.

What will this increase in enrollment at U.S. medical schools cost the nation? Can we afford an expansion?

- While there will be new costs, not acting now would be more costly both in terms of the impact on health and the future costs of expansion. By expanding now in a planned and informed manner, the nation is more likely to avoid reactionary spending in the future.
- Surveys of US allopathic medical school Deans indicate that the majority of growth will occur in public institutions and in those states (particularly the South and West) where population growth has far outpaced the infrastructure for medical education.