

## An Analysis of Medical School Expansion Plans

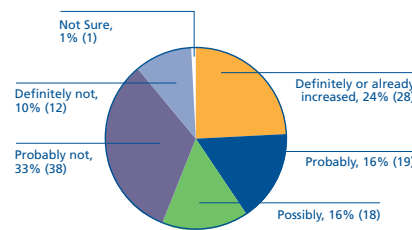
Growing evidence indicates that the nation will face a shortage of physicians in the next one to two decades. In 2005, the AAMC recommended a 15 percent increase in the number of U.S. medical school graduates by 2015, a small increase given the near-zero growth in M.D.-granting institutions over the last two decades. A 15 percent increase in allopathic enrollment would be about equal to an additional 2,400 students per year over 2003 levels. While osteopathic enrollment and graduations have grown by nearly 300 percent over the past 25 years, their continued growth alone will not meet the needs of the nation.

To better understand and inform the expansion plans of medical schools, this "Analysis in Brief" highlights the results of a 2005 survey of U.S. allopathic medical schools conducted by the AAMC Center for Workforce Studies.<sup>1</sup> Of the 125 eligible schools, 116 responded (93 percent). The information provided by schools was self-reported.

### Medical Schools' Plans to Change First-Year Enrollment

Sixty-two (53 percent) of the 116 schools indicated that they would "definitely," "probably," or "possibly" change first-year enrollment in the next five years. In addition, three schools reported that they had increased enrollment since 2000, though they do not plan to change enrollment in the next five years. Altogether, 65 schools (56 percent) are considering enrollment changes or

Figure 1. Distribution of Schools by Plans to Change First-Year Enrollment, 2005



have already increased enrollment since 2000 (Figure 1).

Of these schools, 28 (24 percent) reported that their plans to expand are "definite" or that enrollment had already been increased. Nineteen schools (16 percent) reported that increases are "probable" while another 18 schools (16 percent) reported "possible" expansion.

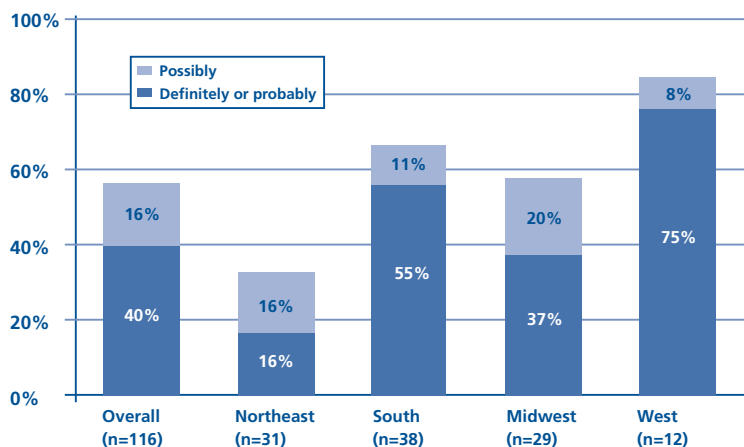
### Plans to Change First-Year Enrollment by School Characteristics

The likelihood of schools to increase enrollment varied by geographic location, ownership, and other characteristics.

**Region:** Fifty-five percent of schools in the South and 75 percent of schools in the West reported definite or probable enrollment changes or had already increased enrollment, compared to only 16 percent of schools in the Northeast and 37 percent in the Midwest. When "possible" enrollment changes are included, two-thirds of schools in the South and over 80 percent of schools in the West are considering changing enrollment (Figure 2).

**Public vs. Private:** Forty-nine percent (32) of 66 public schools reported definite or probable enrollment changes or had already increased enrollment, compared with 32 percent (14) of 44

Figure 2. Schools with Plans to Change First-Year Enrollment by Region, 2005



private schools responding to the survey (Figure 3). When “possible” enrollment changes are included, 64 percent of public schools and 46 percent of private schools have already increased enrollment or are considering enrollment changes.

**Community-Based, Private Freestanding, and Research Intensive schools<sup>2</sup>:** Fifty percent of community-based schools reported that they would definitely or probably change enrollment (or had already increased) compared with 31 percent of private freestanding schools and research-intensive schools. If schools with “possible” enrollment changes are included, over 80 percent of community-based schools are currently considering enrollment changes (Figure 4).

**Size of Expected First-Year Enrollment**

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. Specifically:

- Of the 116 schools that responded to the survey, 25 (22 percent) indicated that they would “definitely” change enrollment over the next 5 years (by 2010-11), an increase of 453 students.
- Nineteen schools indicated “probable” enrollment changes representing 308 additional students.
- Eighteen schools indicated “possible” additional enrollment of 158 students.

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, as many as 500 students per year may be enrolled in new schools.

Therefore, total annual enrollment increases from existing and new allopathic medical schools are estimated to be as many as approximately 1,400 students by 2010-11. While this represents a 9 percent growth over 2005-06 levels, or a 12.2 percent increase from 2002-03, it will not reach the 15 percent growth called for by the AAMC without additional expansion by 2015.

**Conclusion**

U.S. medical schools are responding to existing and expected physician shortages and the AAMC call for increased enrollment. As of fall 2005, over 40 percent of allopathic schools are likely to increase their enrollment in the coming five years or have done so since 2000.

While current efforts are encouraging, they are unlikely to achieve the 15 percent increase recommended by the AAMC and the 3,000 graduates per year recommended by the Council on Graduate Medical Education (COGME).<sup>3</sup> The AAMC and COGME recommendations both are far below the likely increased demand for physician services; the fact that current plans do not even meet the current recommended increase is of concern.

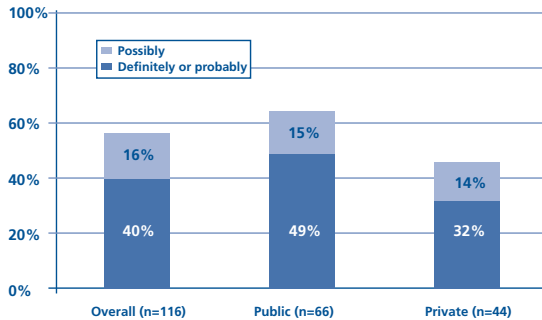
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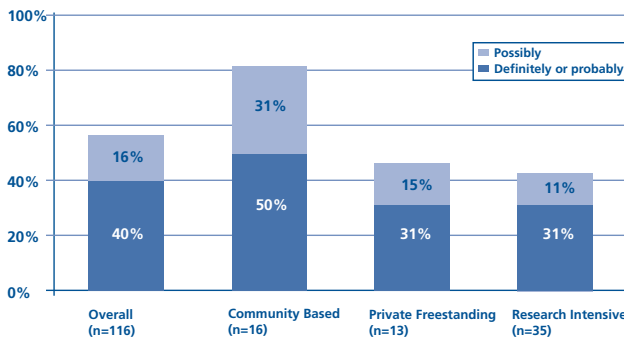
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**Figure 3. Schools with Plans to Change First-Year Enrollment by Ownership, 2005**



**Figure 4. Schools with Plans to Change First-Year Enrollment by Institutional Type, 2005**



<sup>1</sup> This Analysis in Brief is excerpted from *Medical School Expansion Plans: Results of the AAMC 2005 Survey of U.S. Medical Schools*. See [www.aamc.org/cfws](http://www.aamc.org/cfws) for the full report.

<sup>2</sup> Private freestanding medical schools are private entities that are not part of a parent university. Community-based schools are characterized by their affiliation with community hospitals and local physicians where the schools depend upon local hospitals for clinical facilities and appoint many community physicians to their faculties. Forty research-intensive schools were selected by the volume of federal research grants and contracts awarded to support faculty work (NIH Awards to Medical Schools by Rank, Fiscal Year 2004).

<sup>3</sup> See [www.cogme.gov/16.pdf](http://www.cogme.gov/16.pdf)