

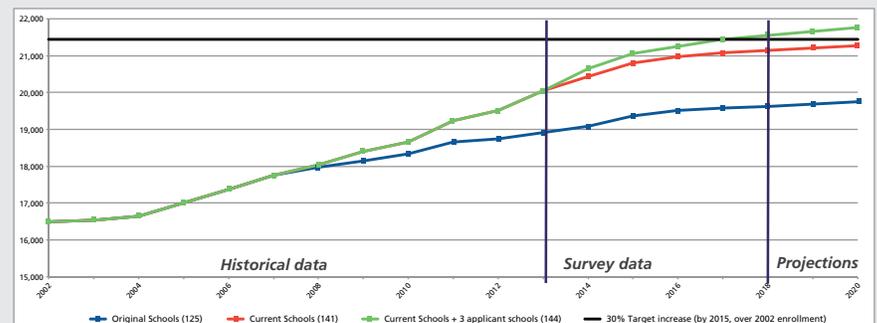
U.S. Medical Schools' Ongoing Efforts to Meet Physician Workforce Needs

Numerous studies have been released over the past decade projecting a future physician shortage.¹ With the Patient Protection and Affordable Care Act set to give 32 million Americans access to health insurance in 2014, baby boomers increased needs for medical care in the upcoming years as they age, and the likelihood of retirement for the aging physician workforce, concerns have only increased in recent years. In 2006, in response to concerns of a likely future physician shortage, the AAMC recommended a 30 percent increase over 2002 levels in U.S. medical school enrollment by 2015. This *Analysis in Brief* examines one aspect of progress towards increasing the physician workforce: current and projected U.S. medical student first-year enrollment. Given that half of the shortages are projected to be in primary care specialties and that fewer students are choosing a career in primary care than a decade ago,² this AIB also presents findings on institutional policies and practices designed to encourage student interest in careers in primary care.

Methodology

A Web-based Survey of Medical School Enrollment Plans was administered to the deans of 138 U.S. medical schools that were fully, provisionally, or preliminarily accredited by the LCME (Liaison Committee on Medical Education) at the time of the survey in September 2012. Ninety-four percent of the medical schools responded (130/138 schools). In the survey, respondents were asked to provide their medical school's first-year enrollment for the current year as well as their anticipated enrollment for the next five years, ending with the 2017–2018 academic year.³ This respondent-provided enrollment information was validated with current

Figure 1: Past, Present, and Projected First-Year Enrollment Growth at U.S. Medical Schools through 2020



year AAMC records. Survey respondents also were asked about policies designed to encourage interest in primary care specialties and expansion plans, among other areas. For enrollment projections, the 141 schools that were fully, provisionally, or preliminarily accredited by the LCME as of March 2013 plus three schools with LCME applicant-school status were included (a total sample of 144 schools for enrollment projections). For the schools with applicant status, information on future enrollment plans was gathered from the institution's Web site or via contact with the institution's dean or admissions official.⁴

Results

Enrollment

Medical school first-year enrollment increased by 18 percent over the 2002 level as of the 2012–2013 academic year and is projected to increase by 30 percent by 2017–2018. Increases at the 125 schools that were LCME-accredited as of 2002 will account for 62 percent of the projected growth in first-year enrollment between 2002 and 2017. Of the 16 schools that have been

accredited since 2002, 11 were already enrolling students as of 2012, and by 2017 the 16 schools expect to enroll 1,508 entering students. The growth at these new schools since 2002 accounts for 31 percent of the overall 2002–2017 growth. Additionally, schools currently in LCME applicant status are projecting a first-year enrollment of 355 students by 2017, which represents the balance (7 percent) of growth in first-year enrollment between 2002–2017. The current 141 schools plus the three applicant schools are projected to reach a 30 percent increase in enrollment by 2017 (over the 2002 level). Without the three applicant schools currently in the pipeline, enrollment growth is not projected to reach the 30 percent target until after 2020⁵ (Figure 1).

Primary Care Focus

Seventy-six percent of schools responding to the survey said they either had or were planning at least one initiative to increase student interest in primary care specialties. These efforts included changes in curriculum, extracurricular opportunities, expanded faculty resources and training, and

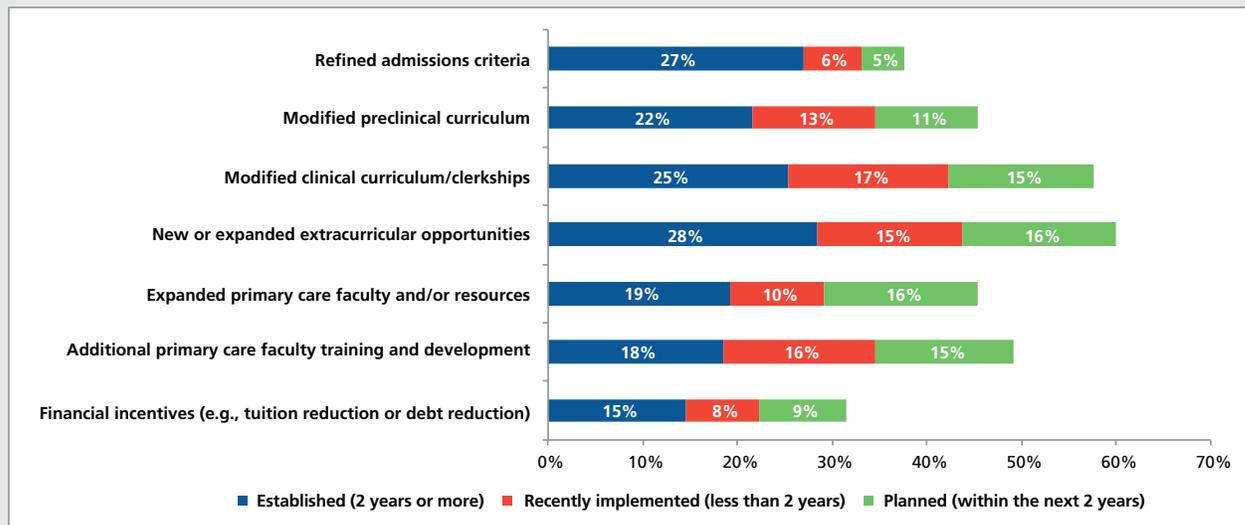
1. Recent Studies and Reports on Physician Shortages in the US. Center for Workforce Studies, Oct. 2012. Available at: <https://www.aamc.org/download/100598/data/recentworkforcestudies.pdf>

2. Jolly P, Erikson C, Garrison G. U.S. graduate education and physician specialty choice. *Acad Med.* 2013;88(4):468-474.

3. For schools that did not respond in 2012, enrollment numbers from the 2011 survey were used.

4. For a more detailed methodology of the survey, see *Results of the 2012 Medical School Enrollment Survey (May 2013)*, available at: www.aamc.org/publications

5. For a more complete breakdown of numbers, see the supplemental information for this AIB at: <https://www.aamc.org/data/aib/>

Figure 2: Percentage of U.S. Medical Schools with Initiatives to Encourage Student Interest in Primary Care Specialties, 2012

changes in admissions criteria (Figure 2). This survey question also was asked in the same survey fielded in 2010. Of the 46 schools that stated in 2010 that they planned to establish primary care initiatives within the next two years, about one-third (35 percent) said by 2012 that they had recently implemented at least one initiative.

Discussion

U.S. medical schools remain on track to meet the call for a 30 percent increase in enrollment. We project that first-year enrollment will hit the 30 percent target exactly in 2017 with 21,434 students. However, it is important to note that this projection depends on continued growth at many of the 125 medical schools accredited as of 2002, the 16 new schools accredited since 2002, and the three schools currently in LCME applicant status.

Amid expected shortages of primary care physicians,^{6,7,8} schools are implementing policies and programs designed to encourage student interest in primary care.⁹ The majority of schools said they have or plan to implement one or more initiatives such as changes in curriculum, extracurricular opportunities, or expanded faculty resources and training.

While comparison of past survey results with those of this year shows that plans to implement such initiatives do not necessarily come to fruition within a two-year window, 38 percent of schools do have plans for the next two years, which offers hopeful information.

Continuing to track national medical school enrollment growth in future years is critical. Further, a continued discussion regarding growth in graduate medical education (residency positions), which is inextricably linked to enrollment growth and training opportunities, is also imperative. Medical schools graduates do not simply translate into new physicians unless new residency positions are also created. This is a time of great change in health care, with transformations and innovations in care delivery such as team based care and new payment models having lasting consequences on the health care workforce needs of the future. Medical school enrollment trends are an early indicator of future physician workforce supply and play a vital role in informing policy decisions.

Authors:

Casey Tilton, Program Specialist,
Center for Workforce Studies,
ctilton@aamc.org

Sana Danish, M.P.P., previously
Data Analyst, Center for Workforce
Studies

Clese Erikson, M.P.Aff., Director,
Center for Workforce Studies,
cerikson@aamc.org

Data in this AIB reflect highlights
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Association of American Medical Colleges

2450 N Street, N.W.
Washington, D.C. 20037-1127
analysis@aamc.org
www.aamc.org/data/aib

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