

Myths and Facts: The Physician Shortage

MYTH: The physician shortage is occurring because fewer students want to be doctors.

FACT: The growing physician shortage is largely the result of a rapidly expanding Medicare population and limits on support for physician training.

The physician shortage is driven primarily by demographics. Baby boomers are turning 65 by the thousands every day and entering the Medicare program; they will double the number of older Americans by 2040.¹ Because seniors are the population with the greatest health care needs—in both primary and specialty care—the supply of doctors must increase to keep pace. Interest in medicine as a career is higher than ever, with record numbers of students applying to and attending medical school. In response to the growing physician shortage, medical schools have increased their enrollments. Yet, despite rising numbers of medical school graduates, there has not been corresponding growth in the number of federally supported residency training positions these new MDs must have to complete their training and practice in their communities. Without raising the federally imposed cap on support for graduate medical education (GME) and expanding training capacity, the increase in medical school graduates will do little to help the growing demand for physician services.

MYTH: The physician shortage is limited to primary care doctors.

FACT: The projected shortage of between 61,700 and 94,700 physicians by 2025 includes both primary and specialty care, with specialty shortages particularly acute.

The physician shortage is growing because demand for physicians is increasing across a number of specialties. The AAMC projects there will be a shortage of between 14,900 and 35,600 primary care physicians in the next 10 years, making it difficult for millions of people to get preventive health care services. Equally troubling is the shortage of between 37,400 and 60,300 specialists, leaving patients with heart failure and strokes, cancer, Alzheimer's disease, debilitating arthritis, and other ailments without immediate access to necessary care.

A growing demographic of older Americans will need specialists to treat and manage conditions common to this age group. Heart disease alone accounts for one-quarter of deaths among seniors and nearly one-third of for individuals over the age of 85. The number of Americans 65 and older with Alzheimer's disease may triple by 2050,² requiring care of neurologists and others. The probability of developing cancer is 10 times higher for men over 70 compared with younger men and nearly five times higher for women over 70 compared with younger women.³

Regular access to primary care can help manage certain conditions and delay the onset of some diseases, but many adults will have conditions that become more serious despite the best care. For these patients, access to cardiologists, cardiothoracic surgeons, oncologists, and other specialists will be essential.

¹ Congressional Budget Office. *The 2015 Long-Term Budget Outlook*. Figure 2-3. <https://www.cbo.gov/sites/default/files/114th-congress-2015-2016/reports/50250-LongTermBudgetOutlook-4.pdf>.

² Alzheimer's Association. *2016 Alzheimer's Disease Facts and Figures*. http://www.alz.org/alzheimers_disease_facts_and_figures.asp#prevalence.

³ American Cancer Society. *Cancer Facts & Figures 2016*. Table 6. <http://www.cancer.org/acs/groups/content/@research/documents/document/acspc-047079.pdf>.

MYTH: Simply increasing the number of medical school graduates will fix the physician shortage.

FACT: Increasing the number of medical students is a necessary first step to addressing the doctor shortage, but a doctor cannot practice independently without residency training (GME). Unless Congress increases Medicare support for GME, the number of physicians per capita will actually decrease.

America's physicians are also aging: more than one-quarter are over age 60 and likely to retire in the next 10 years, and they need to be replaced. In 2006, the nation's medical schools recognized the emerging physician shortage and committed to taking the first step in resolving the problem by expanding enrollment by 30 percent. While medical schools are on track to achieve that goal by the end of the decade, there has not been a proportionate increase in residency positions. In fact, the number of first-year U.S. MD and DO students soon could exceed the number of first-year Accreditation Council for Graduate Medical Education (ACGME)-accredited residency positions. Without an increase in Medicare GME support, there may not be enough residency positions for the additional medical school graduates needed to address the growing physician shortage. Some students are already having trouble finding residency positions, with 606 students not matching in 2015.

MYTH: Congress has plenty of time to fix the physician shortage.

FACT: With medical school and residency combined, it takes a minimum of seven years to train a doctor. Congress must act now to ensure a sufficient number of training positions in the future.

Fixing the doctor shortage will require training a few thousand more doctors a year, working on new delivery models and technologies, and receiving help from non-physician providers. All of this will take time, especially training new doctors. After graduating from medical school, new MDs are required to complete a residency training program to practice independently. Residency programs vary in length, depending on specialty, but generally last three to five years for initial board certification, with some subspecialty training lasting even longer. Without congressional action *now* to lift the cap on Medicare support for residency positions, growth in the physician workforce will not keep pace with the increasing demand.

For more information, visit www.aamc.org/newsroom/keyissues/physician_workforce.