

Myths and Facts: The Physician Shortage



Tomorrow's Doctors, Tomorrow's Cures®



MYTH

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

FACT

Over the past five years, applications to and enrollment in medical school have increased.

The physician shortage is driven primarily by demographics. By 2034, the number of Americans over age 65 will grow by 42.4%.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. At the end of 2020, bipartisan congressional leaders took the first step to address the physician shortage and ended a nearly 25-year freeze on federal support for graduate medical education (GME) by adding 1,000 new Medicare-supported GME positions targeted at priority communities, including rural, urban, and other teaching hospitals nationwide. However, without a long-term national investment in our health care and public health infrastructure and the expansion of 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

While there is a projected shortage of primary care doctors, there is also a projected shortage of specialists.

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 17,800 and 48,000 primary care physicians by 2034, making it difficult for millions of people to get preventive health care services. Equally troubling is the projected shortage of between 21,000 and 77,100 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 number 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 deaths among individuals over the age of 85.² The number of Americans 65 and older with Alzheimer's disease may triple by 2050,³ requiring care of neurologists and others. The probability of developing cancer is 10 times higher for men over 70 than it is for younger men and nearly five times higher for women over 70 than for younger women.⁴

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. Shortages in both primary care and specialties must be addressed to ensure patients have access to the full spectrum of care they need.

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MYTH

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

FACT

Fixing the doctor shortage requires a multipronged approach. This includes innovations in team-based care and better use of technology to make care more effective and efficient.

AAMC-member medical schools and teaching hospitals have been leading the movement to work better in teams with other health professionals, including nurses, dentists, pharmacists, and public health professionals. These institutions are also improving how diseases are treated by developing innovative care models and conducting groundbreaking research to expand knowledge and make care more efficient. However, the data clearly show these changes will not eliminate the doctor shortage. As part of the multipronged approach to alleviating the doctor shortage, we also need to train more physicians, which requires expanding the number of federally supported medical residency positions.

MYTH

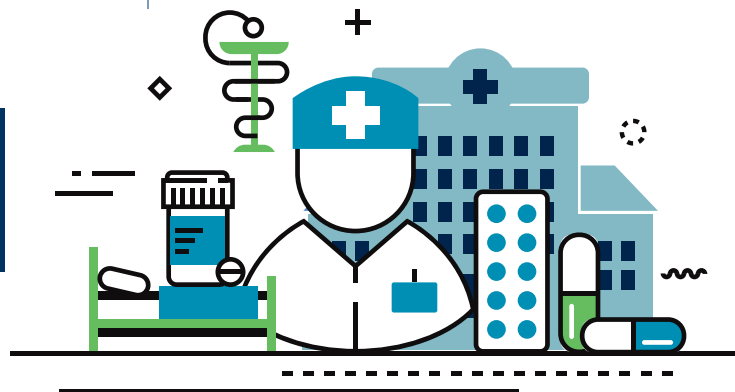
Congress has plenty of time to fix the physician shortage.

FACT

It generally takes a minimum of seven years — including medical school and residency — 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 nonphysician 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 the specialty, but generally last three to five years for initial board certification, with some subspecialty training lasting even longer. Without congressional action now to build upon the December 2020 historic investment in GME to expand the number of federally supported medical residency positions, growth in the physician workforce will not keep pace with the increasing demand.

For more information, visit
aamc.org/news-insights/gme



NOTES

1. U.S. Census Bureau. 2017 National Population Projections Datasets. <https://www.census.gov/data/datasets/2017/demo/popproj/2017-popproj.html>. Published 2018. Accessed Dec. 12, 2019.
2. Xu JQ, Murphy SL, Kochanek KD, Bastian B, Arias E. Deaths: final data for 2016. *National Vital Statistics Reports*. 2018;67(5):1-76. [cdc.gov/nchs/data/nvsr/nvsr67/nvsr67_05.pdf](https://www.cdc.gov/nchs/data/nvsr/nvsr67/nvsr67_05.pdf).
3. Alzheimer's Association. 2016 Alzheimer's Disease Facts and Figures. www.alz.org/alzheimers_disease_facts_and_figures.asp#prevalence.
4. American Cancer Society. *Cancer Facts and Figures 2016*. Table 6. www.cancer.org/acs/groups/content/@research/documents/document/acspc-047079.pdf.