

The State of the Physician Workforce

Michael Dill
Director, Workforce Studies, AAMC
November 4, 2023

AAMC's
Workforce
Studies Team
(& Company)





Physician workforce projections



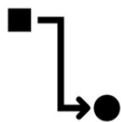
Key data & trends



Access & geographic distribution



Representation matters



Coming soon(-ish)



Physician workforce projections



Key data & trends



Access & geographic distribution



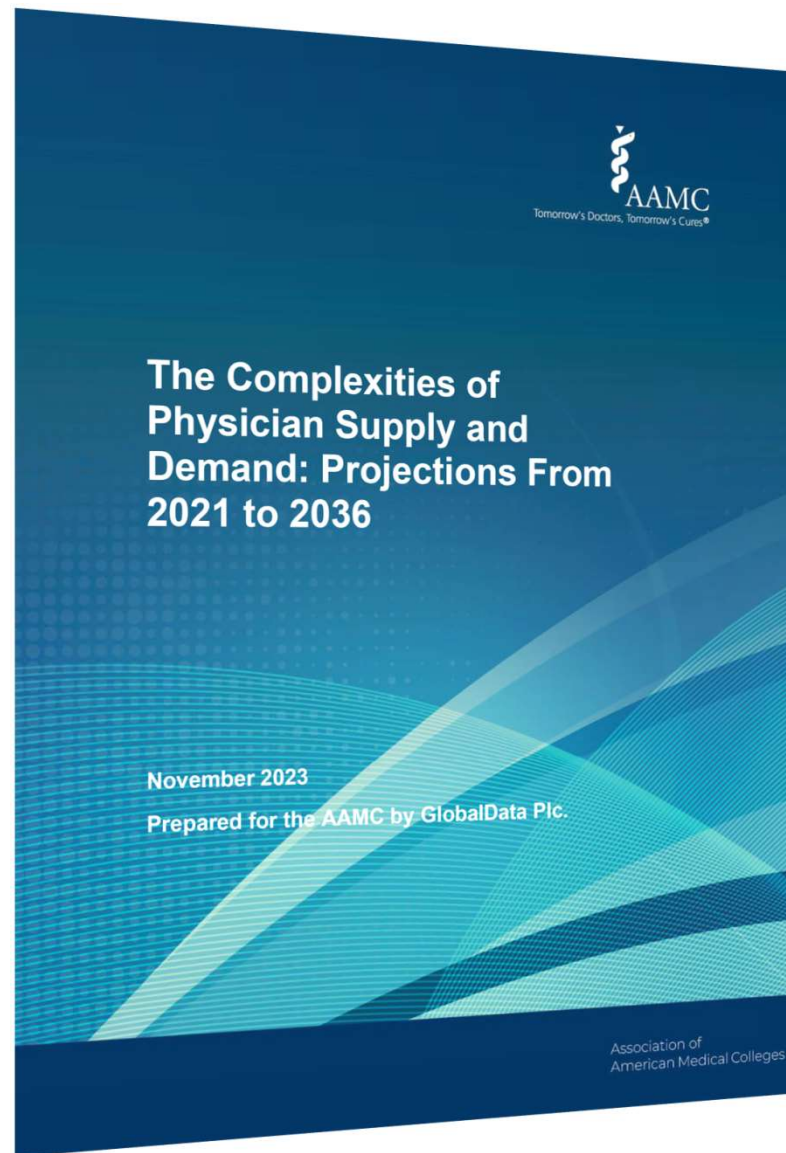
Representation matters



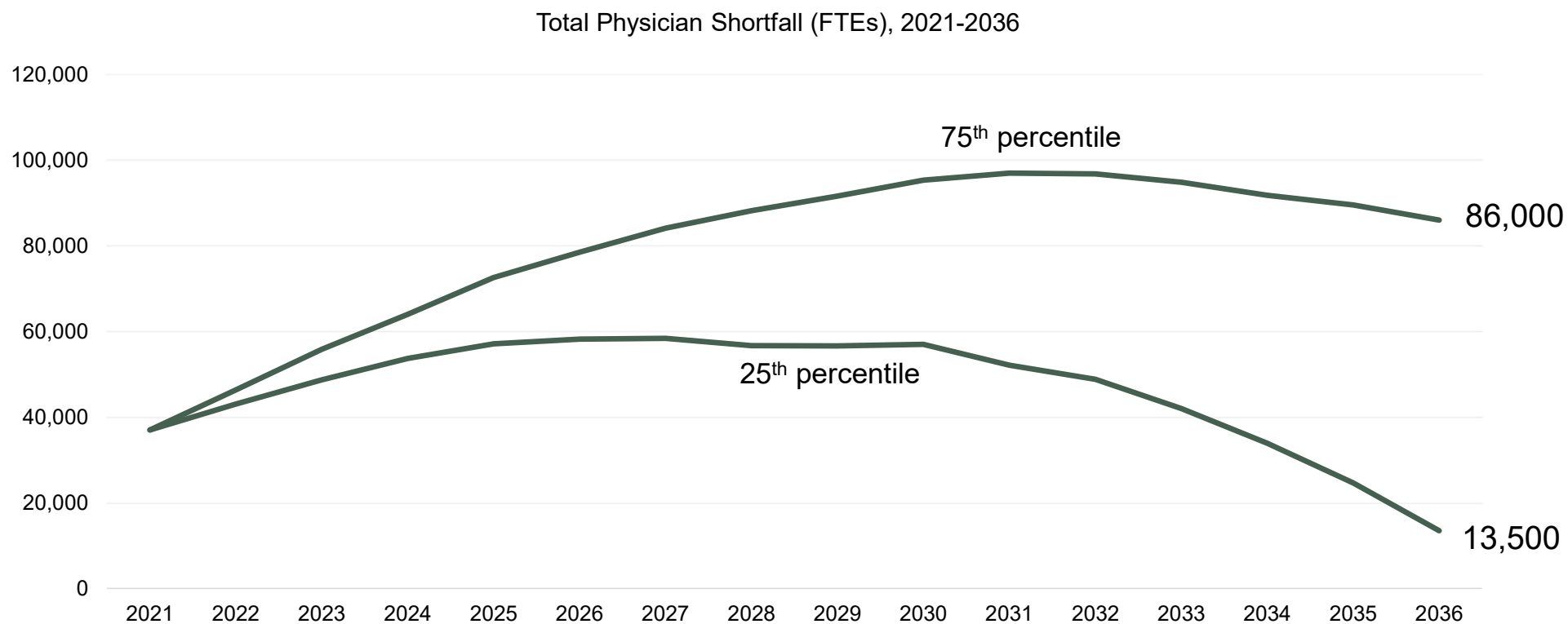
Coming soon(-ish)

“Light a candle,
curse the glare”

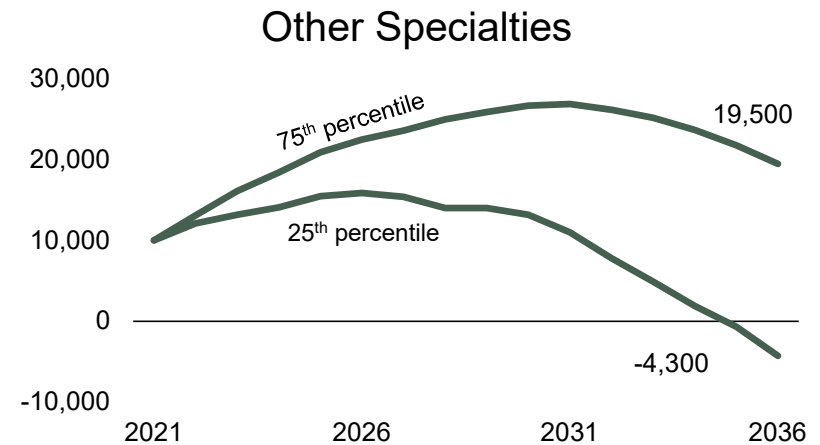
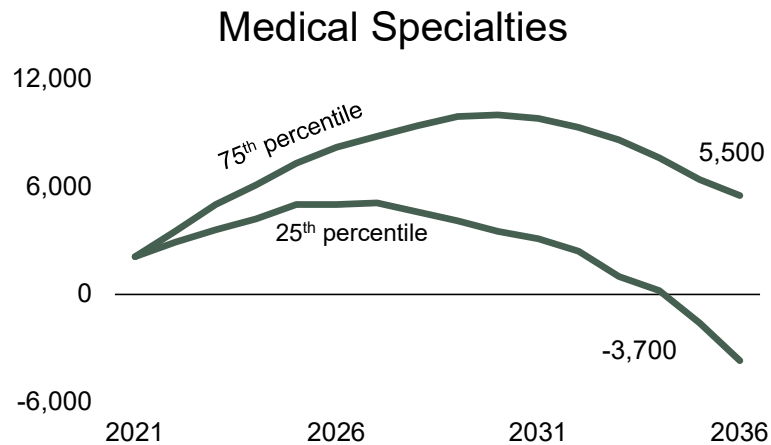
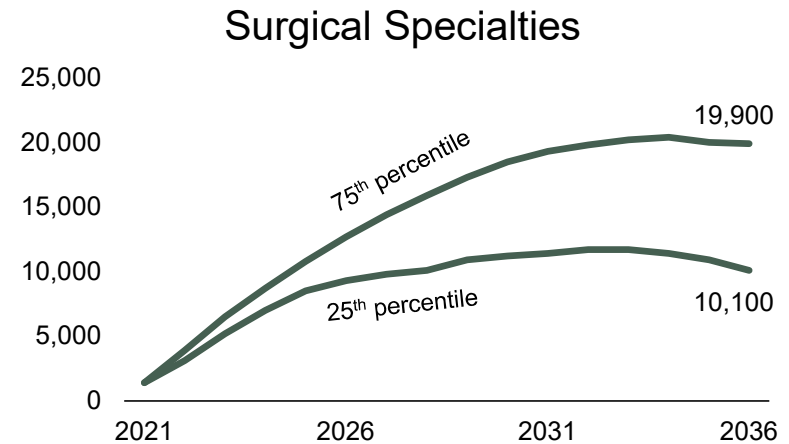
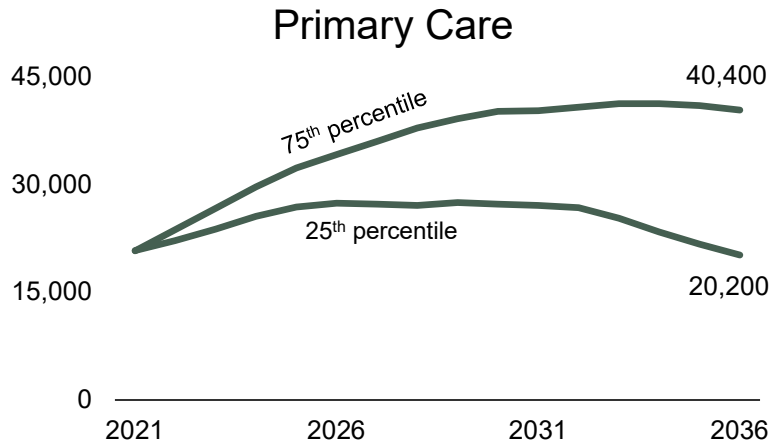
“Draw the
curtains, I
don't care”



Still projecting an overall shortage



But not under all scenarios for all groups

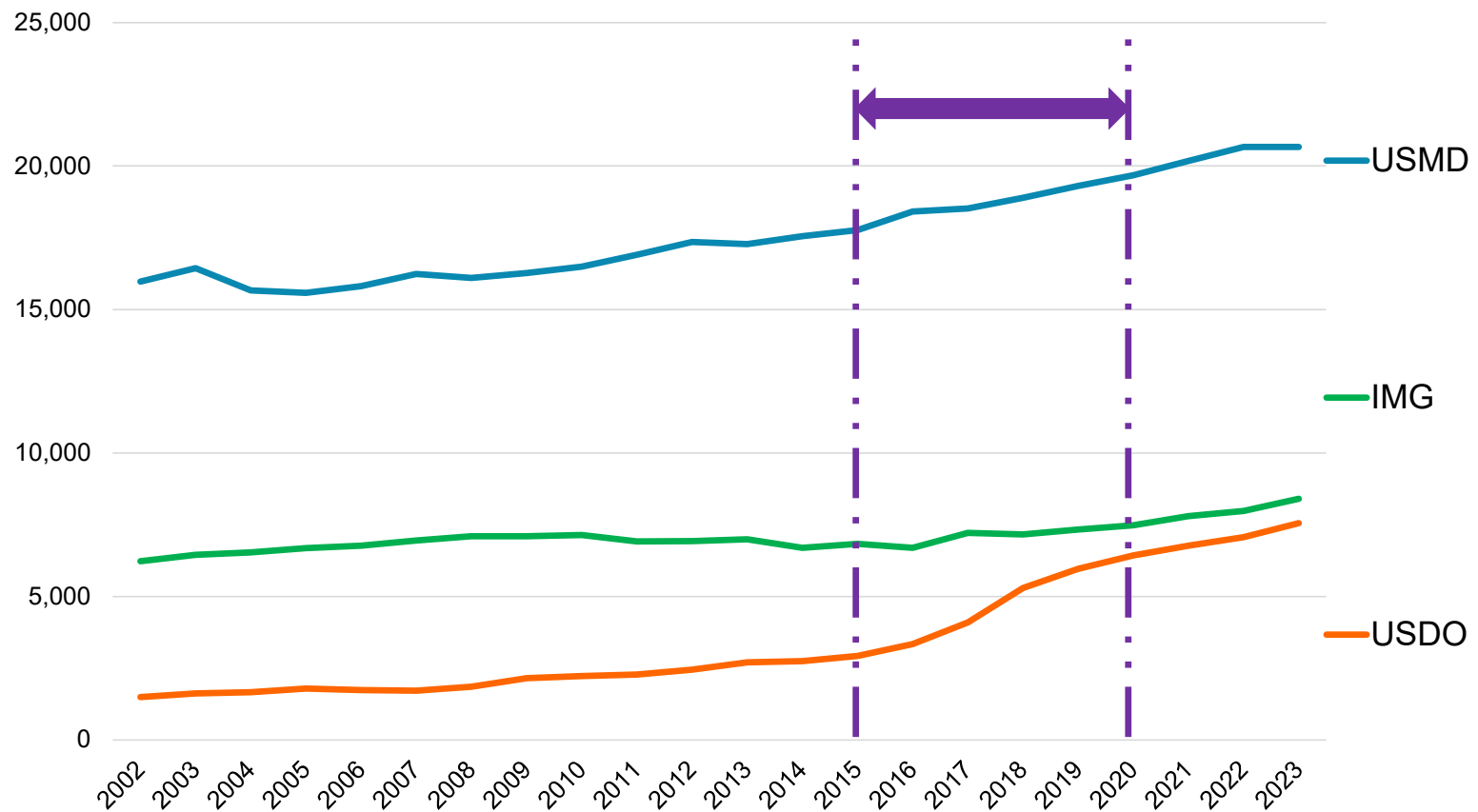


So... what happened?

We added a new set of scenarios. These scenarios ask, "What if GME capacity grows at 1% per year?"

Because... we looked at the data

Residents entering ACGME pathway, 2002-2023



So... what does it mean?

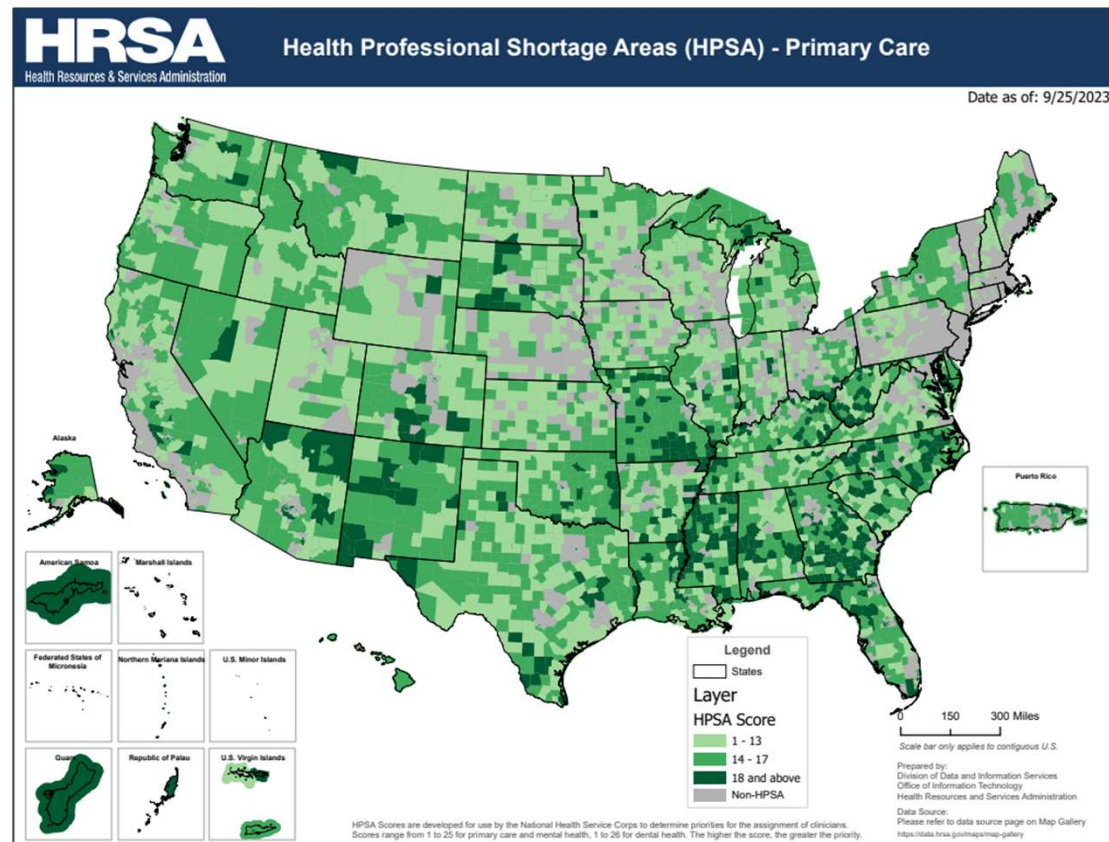
We have been moving in the right direction – and we need to keep going.

We need to dig into specialty-specific analyses before we say anything about a given specialty.

We still need a lot more physicians, especially since we care about equity.

A multifaceted shortage

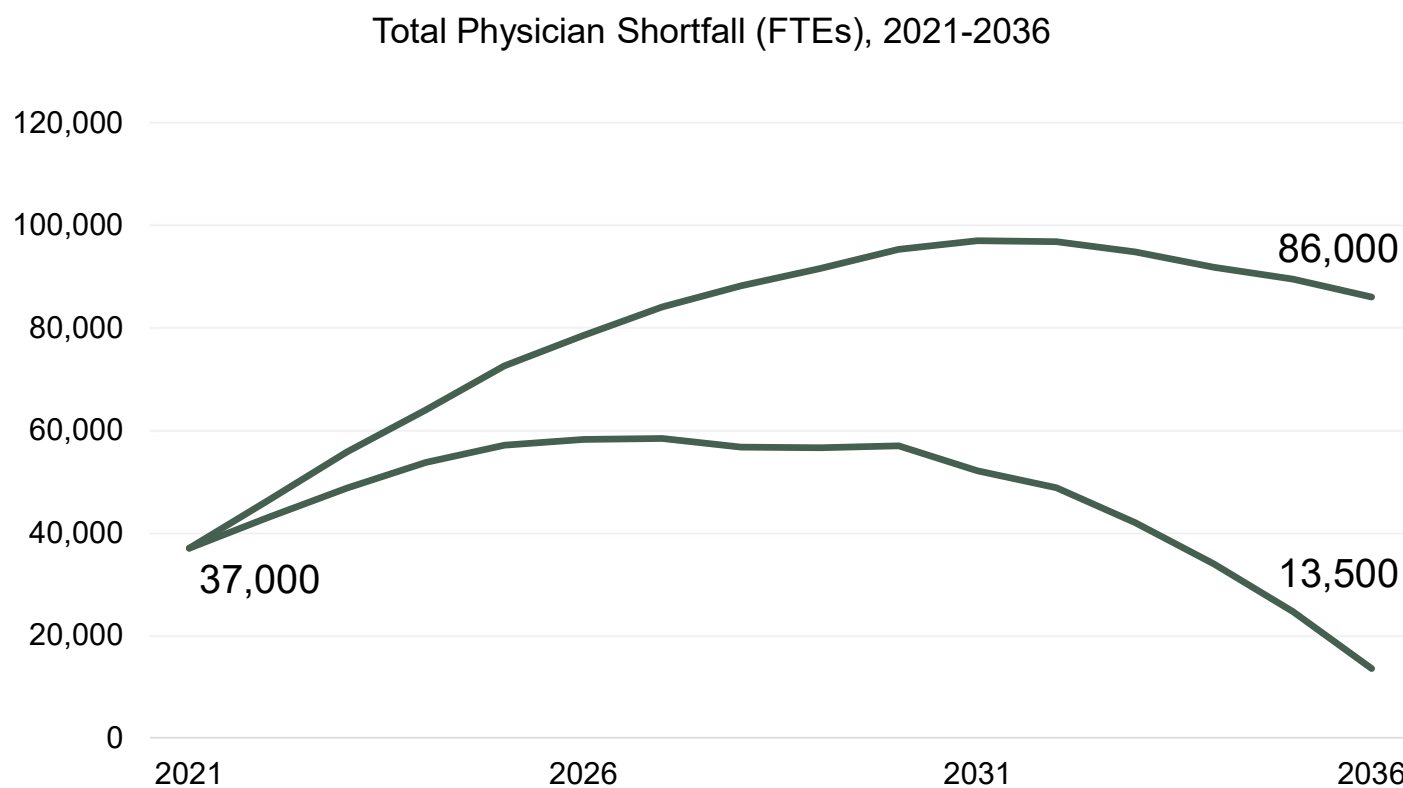
- Current designations
- Projected
- With an eye to equity



Source: [HPSAPC.pdf \(hrsa.gov\)](https://www.hrsa.gov/hpsa/hpsa.pdf)

A multifaceted shortage

- Current designations
- Projected
- With an eye to equity



A multifaceted shortage

- Current designations
- Projected
- With an eye to equity

Primary care specialties

43,700

Total non-primary care

73,400

Everyone uses care as if they are:

- Insured
- Suburban

Primary care specialties

59,300

Total non-primary care

143,500

Everyone uses care as if they are:

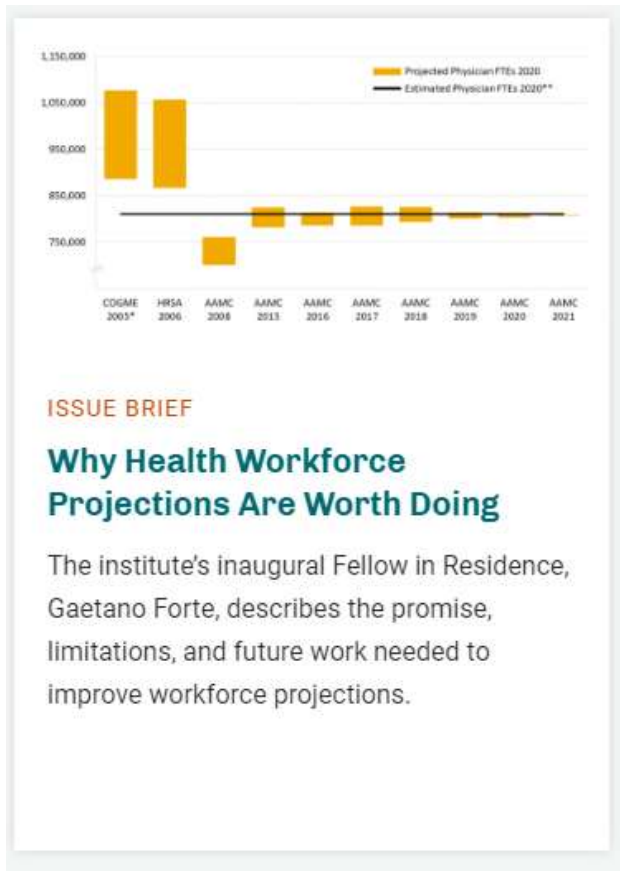
- Insured
- Suburban
- White

A high-level comparison

	2021 Report	2023 Report
Total physician shortage, projected, 2034 and 2036, respectively (top of range)	124,000	86,000
Physicians needed for Health Care Utilization Equity, 2019 and 2021, respectively (including race)	180,400	202,800

And now
for something
completely different...



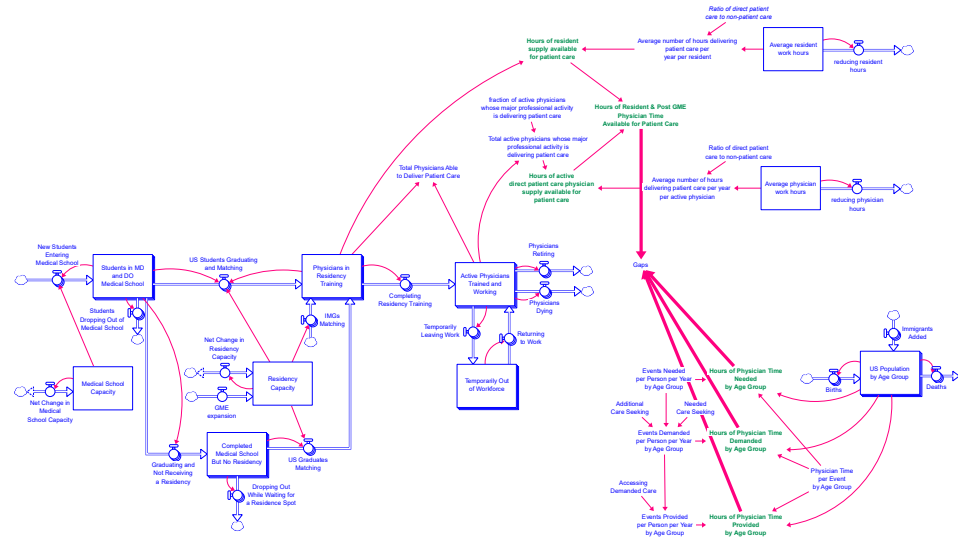


Projections based on reality perform better.

There's room for improvement.

Physician Workforce Projections 2.0

- RAND
- AAMC Research and Action Institute

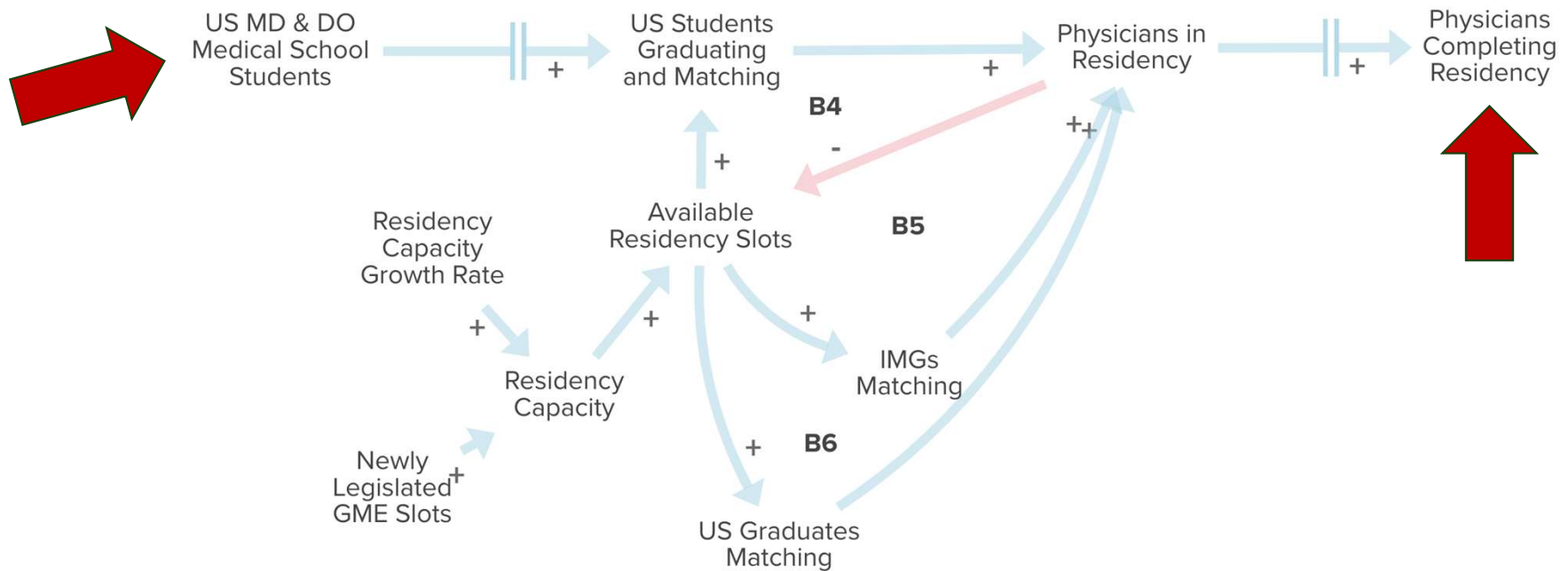


Note: This model is in development and currently reported items are *preliminary*. The following slides are illustrative of the model's structure and capabilities. Projection results will be reported on our website when ready.

What if we compare the models?

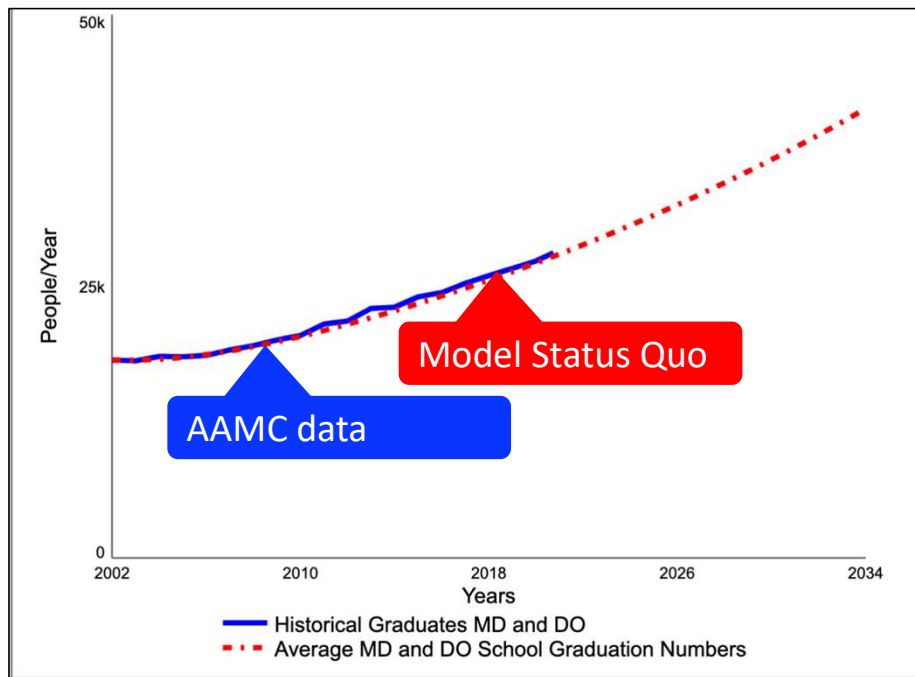
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Looking at structure more explicitly

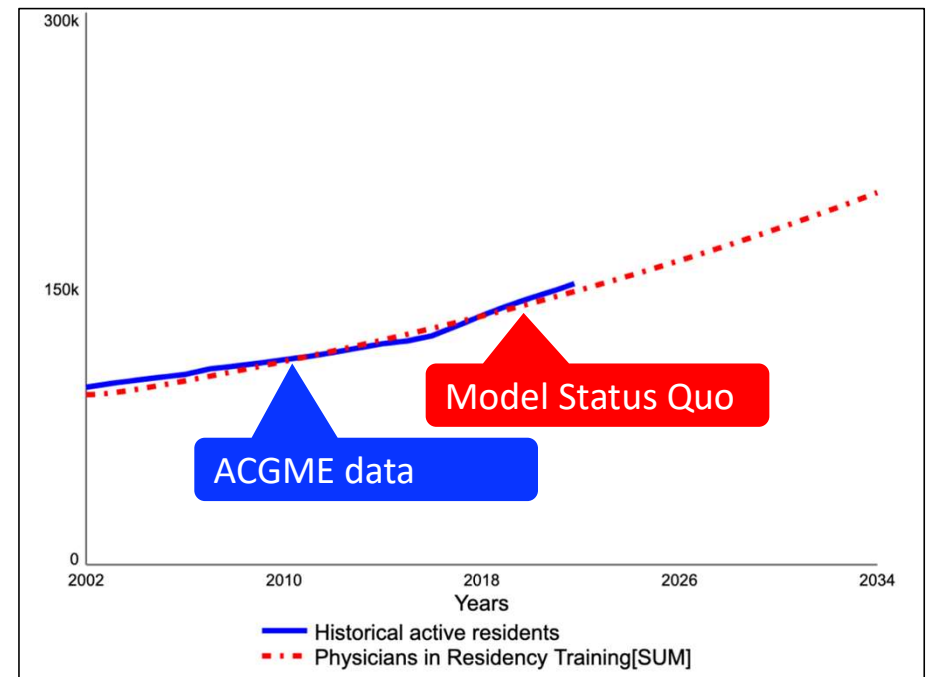


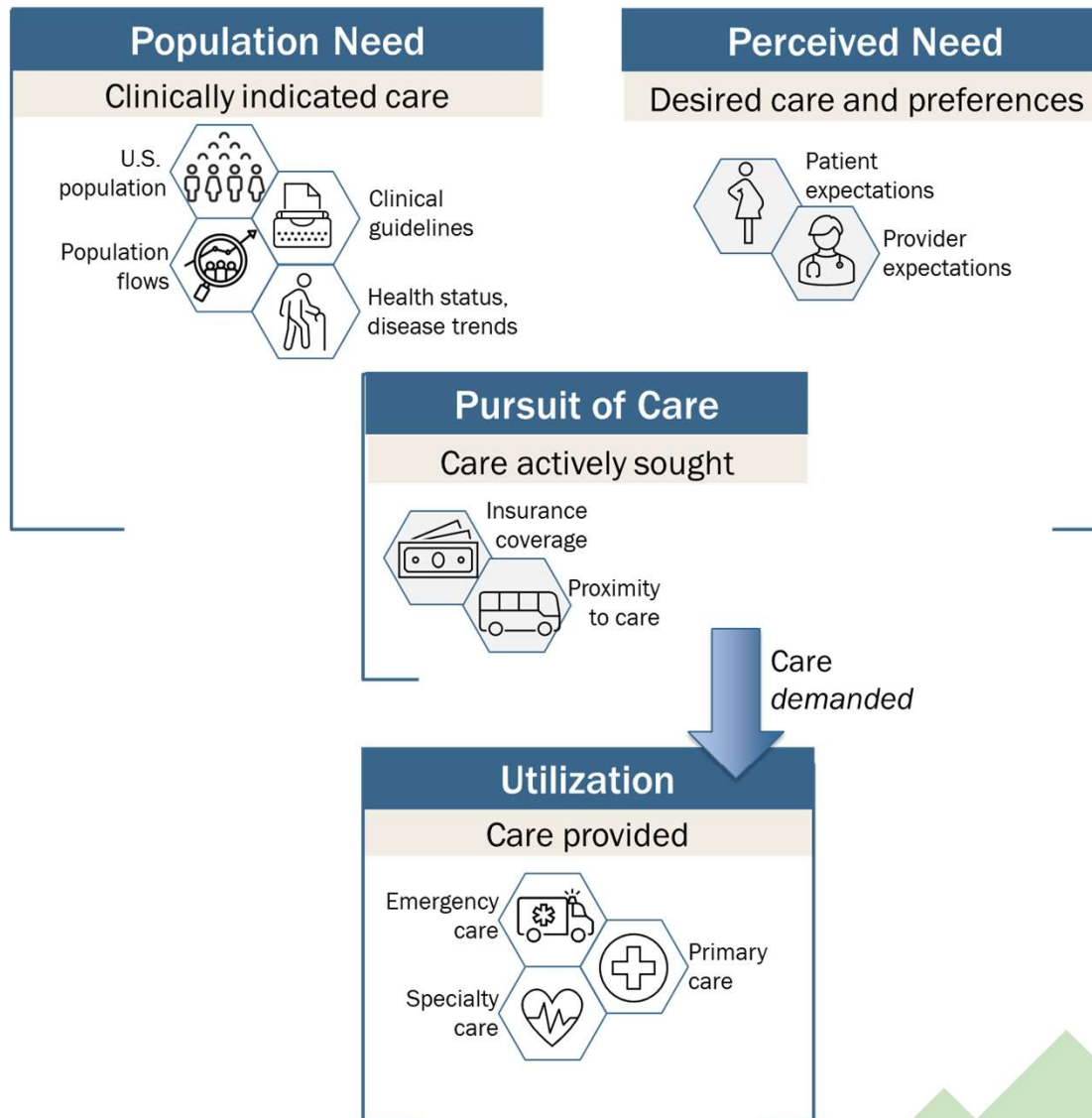
We Can Compare Simulation Results to Historical Data

Students



Residents





USER CONTROLS

Growth in Medical
School Slots



?

Growth in GME Slots



?

Add 15000 GME slots
over 5 years



?

Keep 2019 work hours
constant into the future



?

20

40

60

Normal time to
retire



?

Retire 2 years earlier



?

Retire 2 years later



Background assumptions

Average Time to Complete Residency

4.25

Count ONLY Post-GME
Physicians



Add 1000 GME slots over 5 years



MODEL OUTPUTS

Med School Grads

Residents

Waiting

Care Hours

Care FTE

Physic

Simulation
Notes

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◀ BACK

Simulate

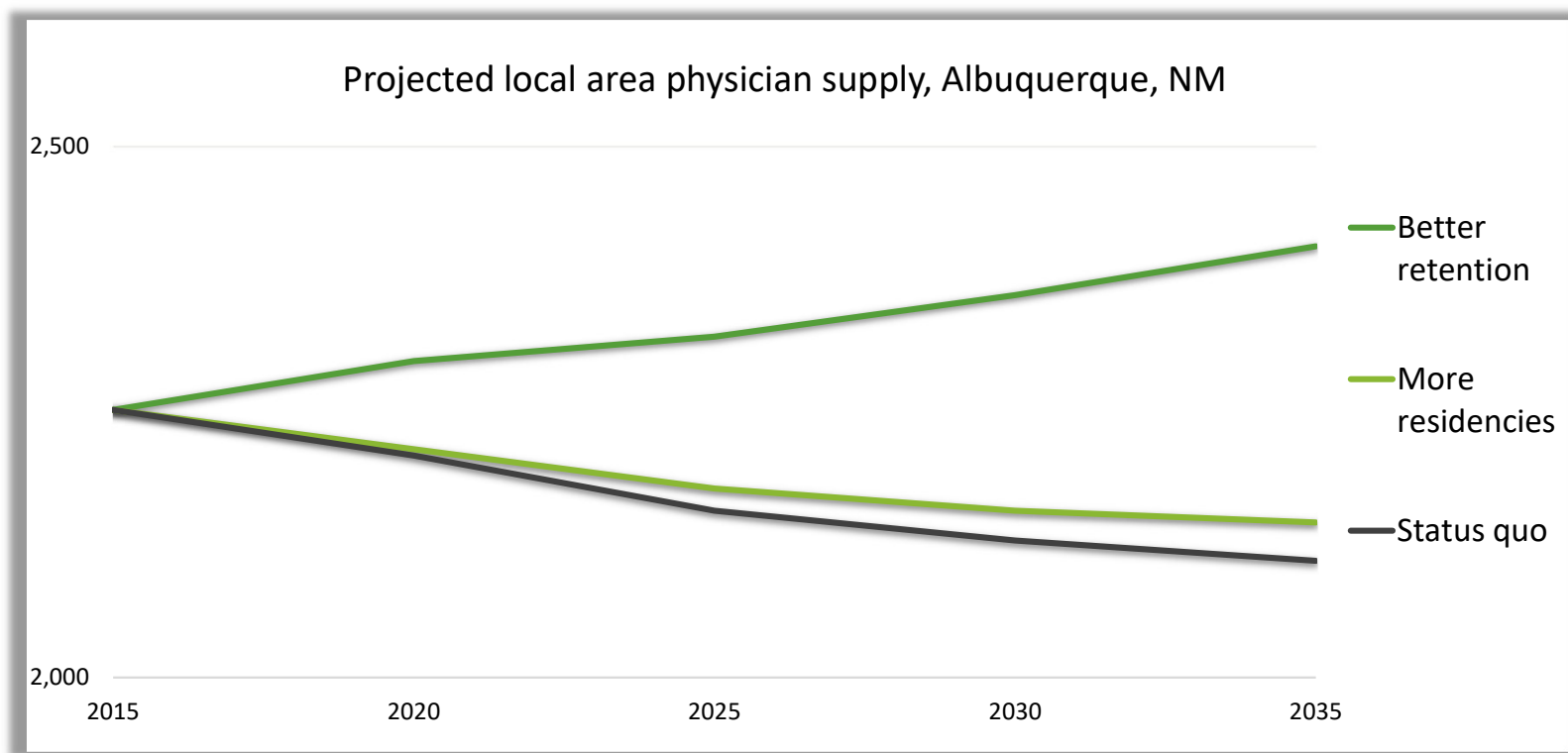
Pause

Restore

View
Assumptions

NEXT ▶

An example of what we have learned using this method



Note: This graph represents earlier AAMC work using the System Dynamics modeling method and predates the work with RAND.

Want to stay
up to date on
Projections
2.0?





Physician workforce projections



Key data & trends



Access & distribution




Representation matters



Coming soon(-ish)

"I see you got your list out"





Physician workforce projections



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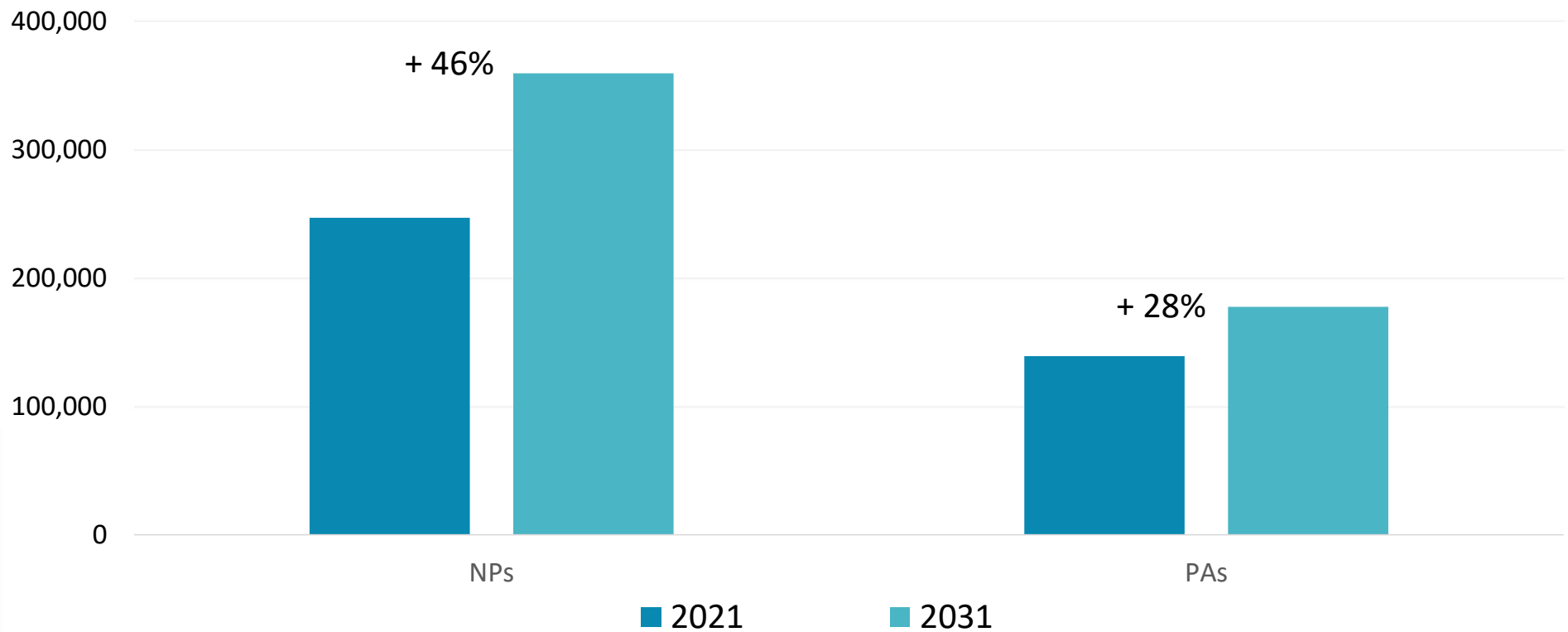
"I see you got your list out"

Demand factors

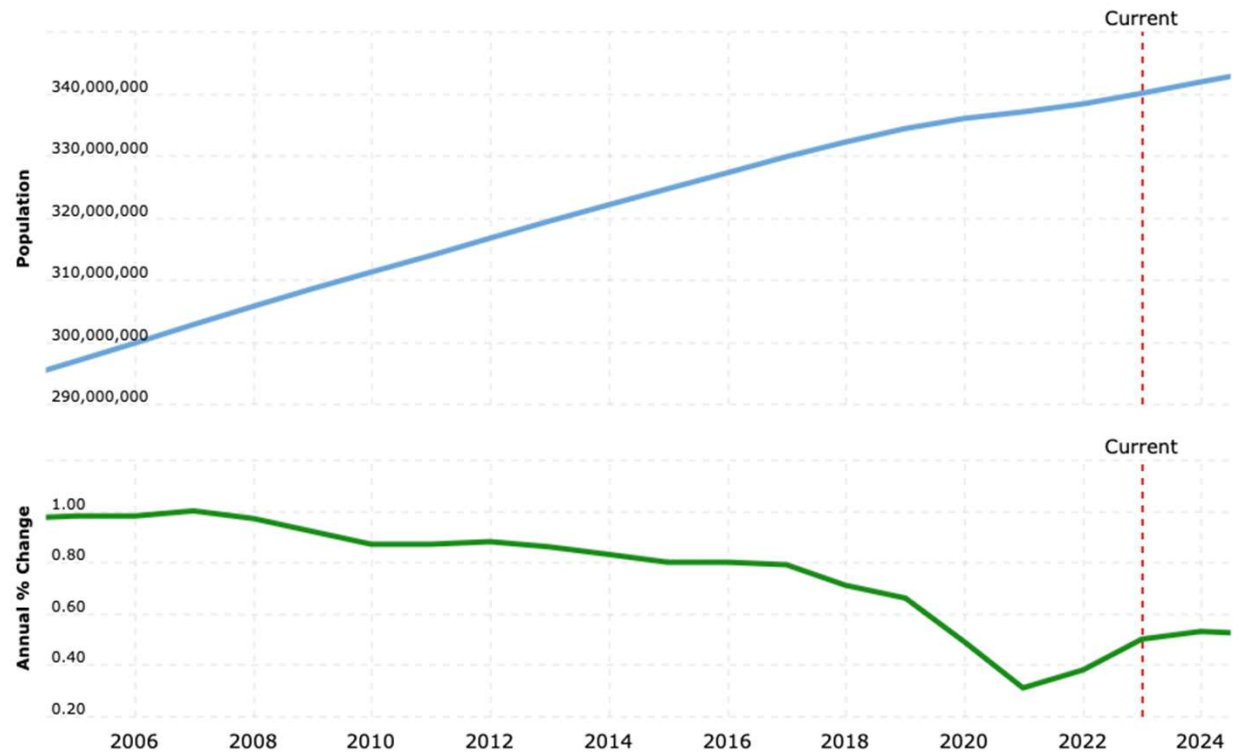


For PAs & NPs, growth

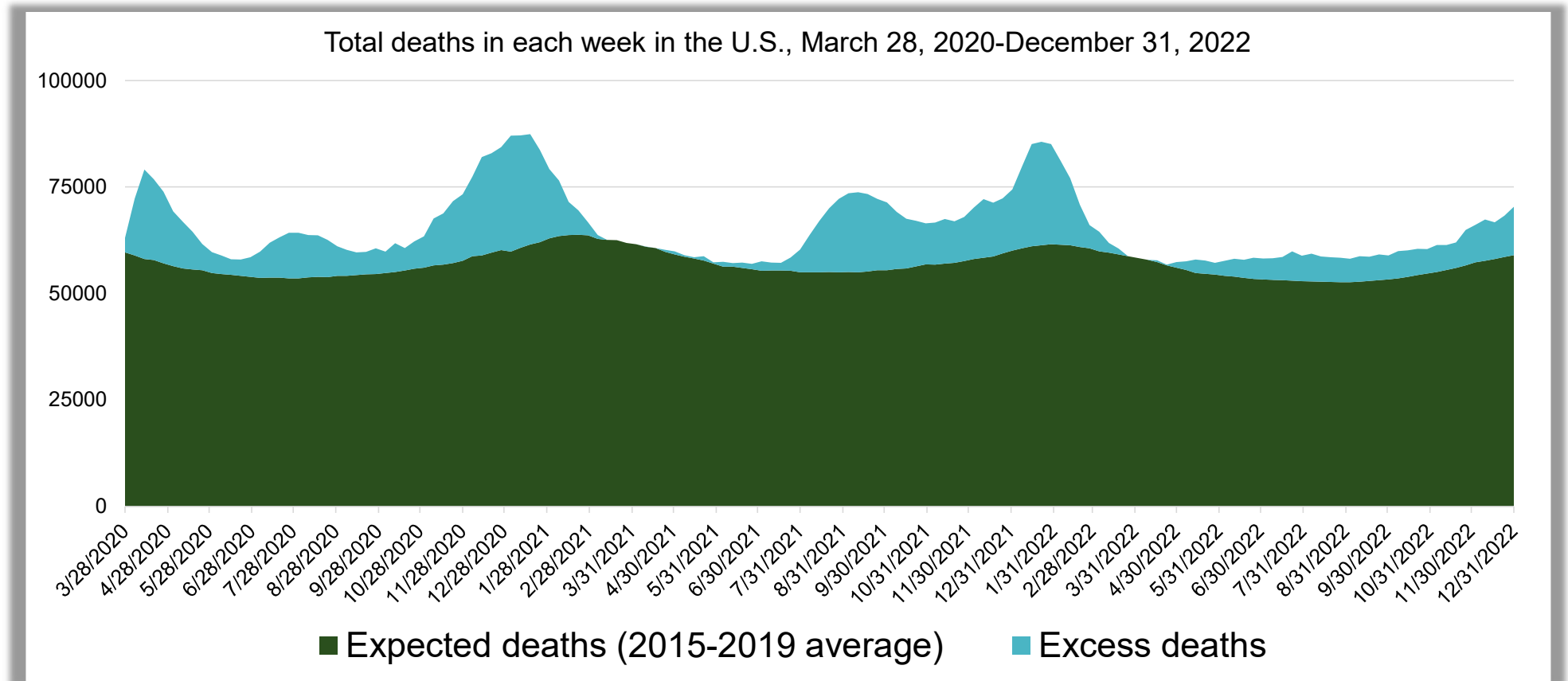
Employment of NPs & PAs, 2021 and 2031



United States Population

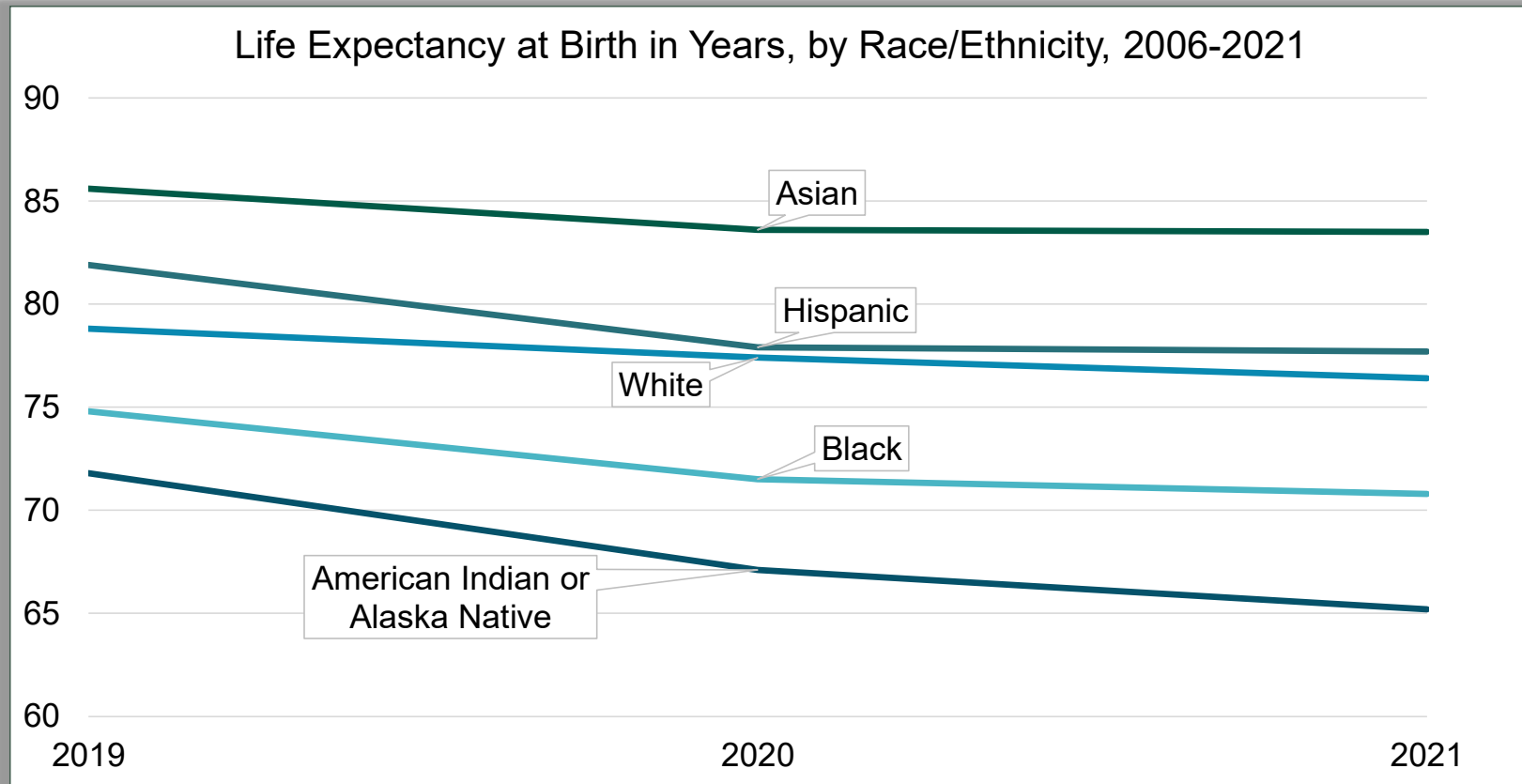


COVID is deadly



Source: KFF analysis of CDC data (<https://www.healthsystemtracker.org/brief/premature-mortality-during-covid-19-in-the-u-s-and-peer-countries/>).

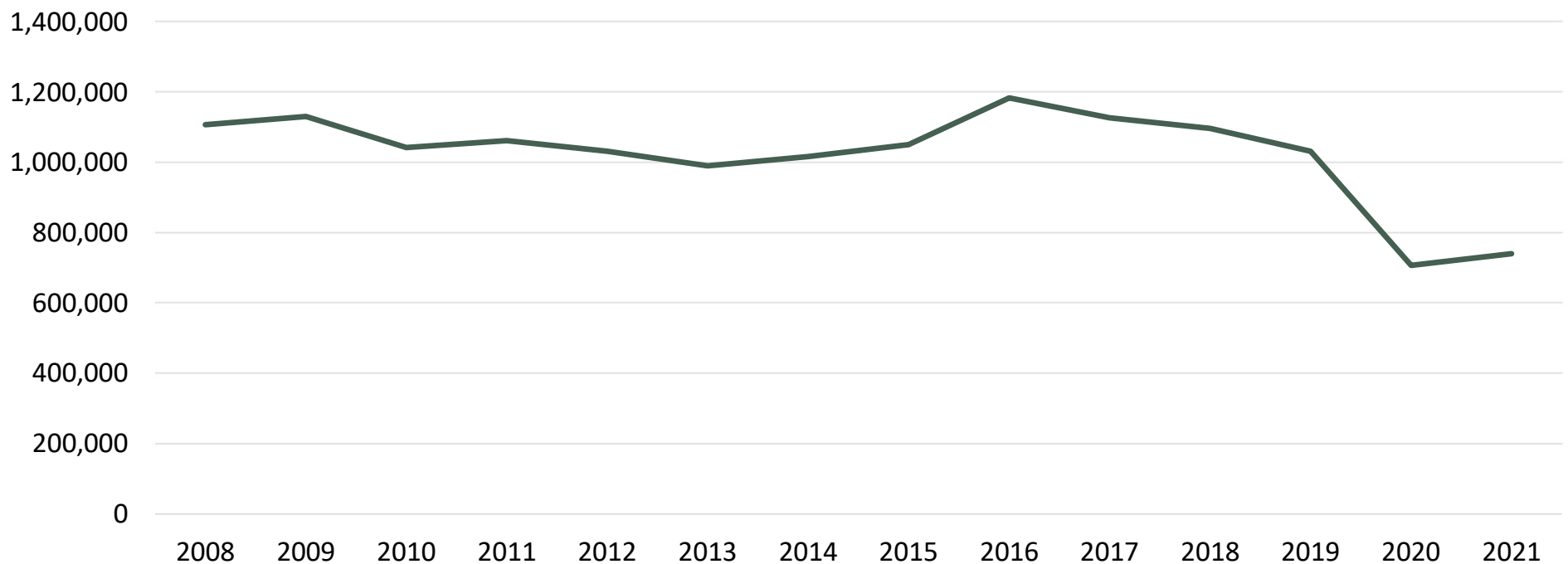
We Have Not Bounced Back from COVID



Source: 1) KFF analysis of CDC, OECD, Japanese Ministry of Health, Labour, and Welfare, Australian Bureau of Statistics, and UK Office for Health Improvement and Disparities data. 2) Arias E, Xu JQ. United States life tables, 2020. National Vital Statistics Reports; vol 71 no 1. Hyattsville, MD: National Center for Health Statistics. 2022. Provisional life expectancy estimates for 2021. Vital Statistics Rapid Release; no 23. Hyattsville, MD: National Center for Health Statistics. August 2022.

Population Growth Also Slowed Because Immigration Is Down

Number of New Legal Permanent Residents, 2008-2021



COVID-19 Altered the Projections in Multiple Ways

Population projections

- 3.3 million fewer people projected



Acute COVID-19

- + 11 million outpatient visits
- + 2.3 million inpatient days



Long COVID

- + 6.6 million visits annually



All together

- Increase demand for physicians of about 1% per year





Physician workforce projections



Key data & trends



Access & distribution



Representation matters



Coming soon(-ish)

"I see you got your list out"

Supply factors

“Oh, well, a touch of grey”

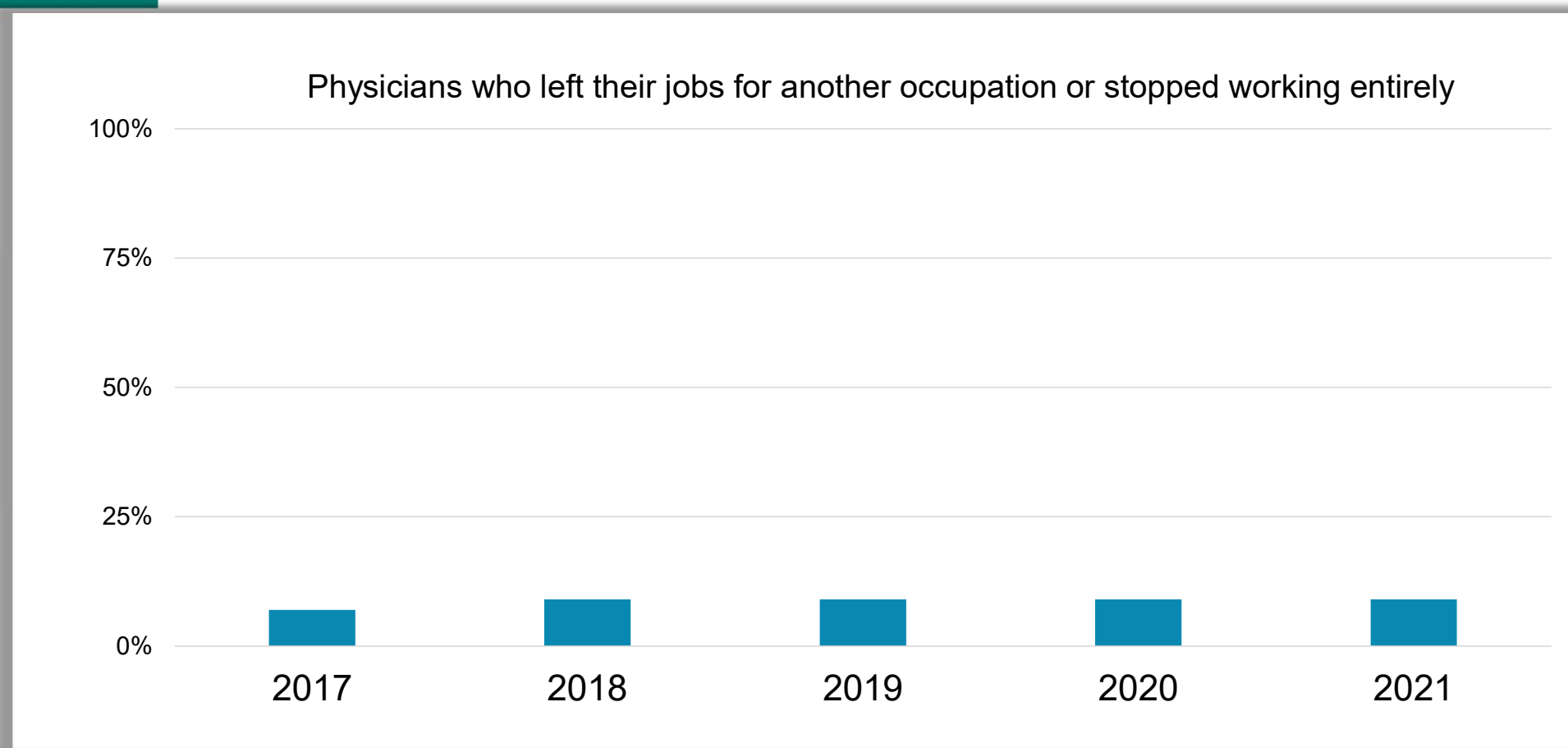
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Percent Physicians Over Age 65



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Great Resignation... What Great Resignation?



“Say your piece and get out”

News > Medscape Medical News

Predicted Pandemic Retirement of Many Physicians Hasn't Happened: Study

Ken Terry
September 23, 2021

The number of physicians who have chosen early retirement or have left medicine because of the COVID-19 pandemic may be considerably lower than previously thought, results of a [new study](#) suggest.

The research letter in the *Journal of the American Medical Association*, based on Medicare claims data, stated that "practice interruption rates were similar before and during the COVID-19 pandemic, except for a spike in April 2020."

Pandemic Disrupted Labor Markets but Had Modest Impact on Retirement Timing

September 19, 2022
Written by: Daniel Thompson

The COVID-19 pandemic's disruption of labor markets was massive, but it had only a modest impact on peoples' retirement timing, according to recently released data from the U.S. Census Bureau's [2021 Survey of Income and Program Participation \(SIPP\)](#).

The SIPP collected data on respondents' labor force status in 2020, the first year of the pandemic. These data show modest pandemic-related effects on retirement. The share of

“Retirement trends were remarkably stable during a period of upheaval in the labor market overall.”

When asked how the pandemic affected the timing of their retirement, adults ages 55-70:

- 2.9% said they retired early or planned to retire early due to the pandemic
- 2.3% said they either delayed or planned to delay retirement for the same reason

Physicians *are* retiring

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“It's even worse than it appears”

Burnout, 2022

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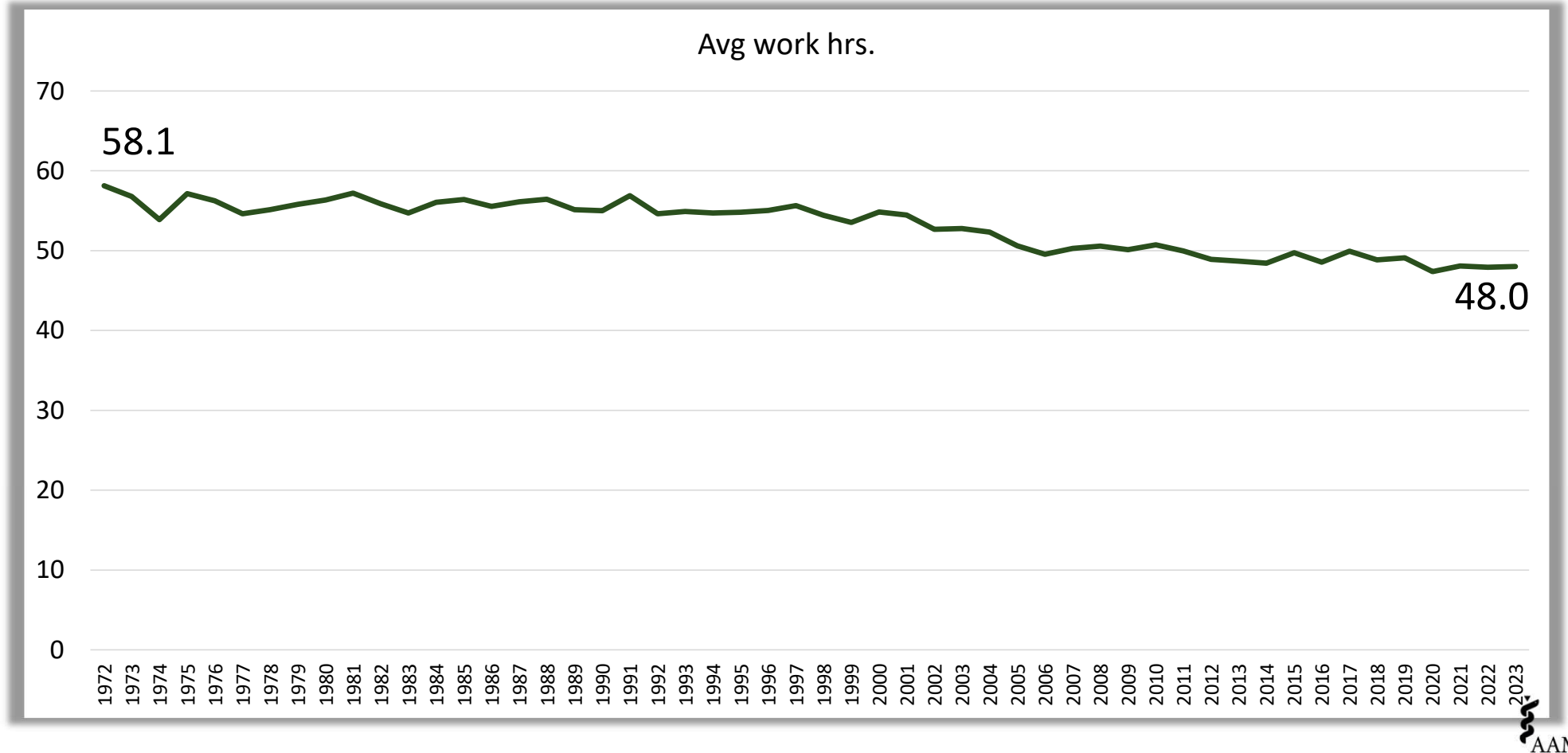
Burnout comes from (too) many sources

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COVID did affect burnout

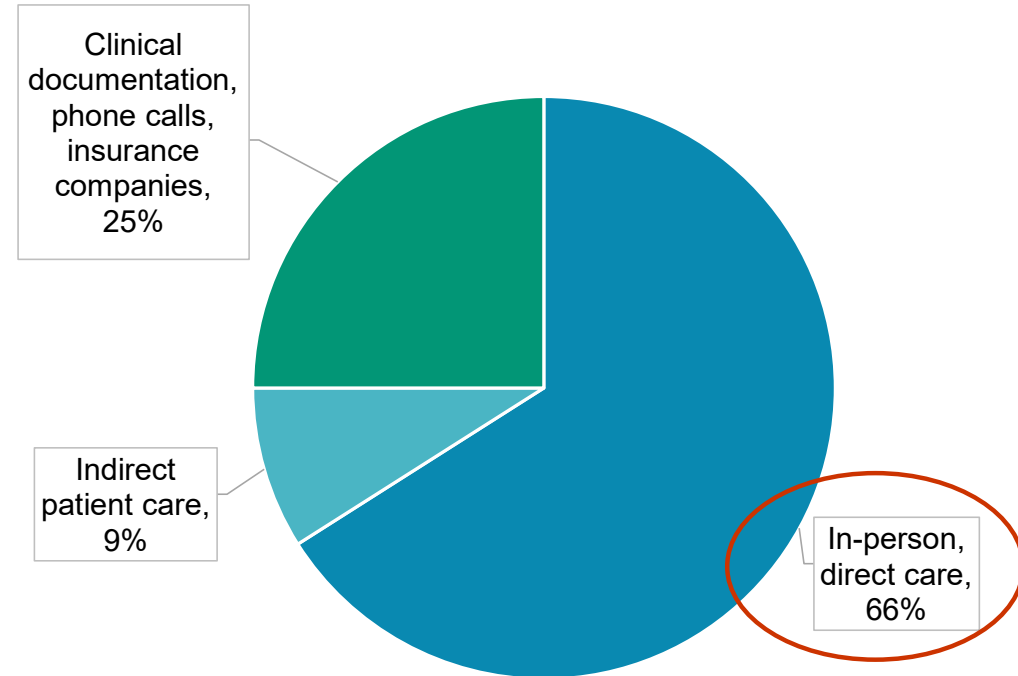
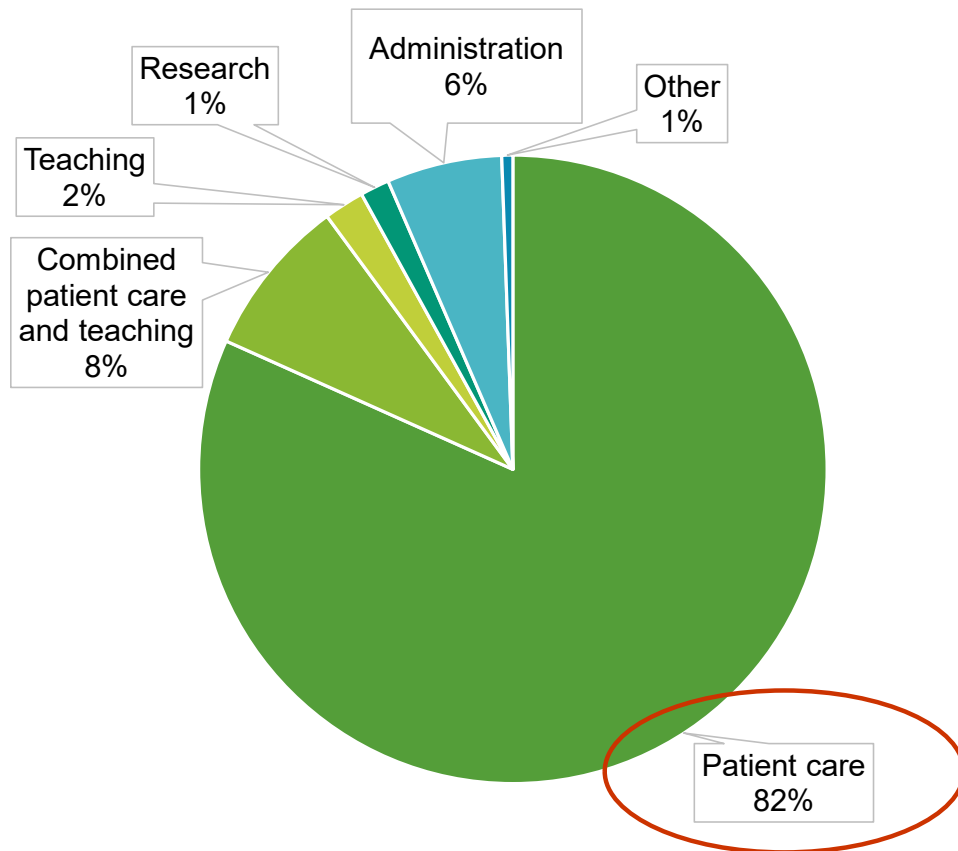
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Physician work hours have been declining for a long time



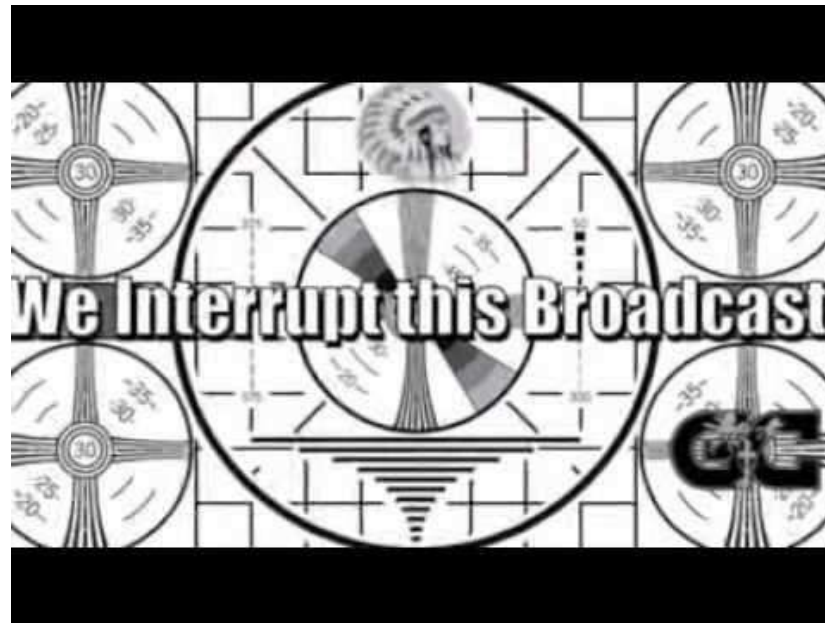
Source: BLS, CPS.

Where does all the time go?



Only about half of physicians' time goes to in-person, direct patient care

$$\begin{array}{r} 82\% \text{ patient care} \\ \times \\ 66\% \text{ in-person direct care} \\ = \\ 54\% \text{ time in-person, direct patient care} \end{array}$$





Want more data?



U.S. Physician Workforce Data Dashboard

Explore physician data by location, specialty, and characteristics of interest:



Total Physicians in All Specialties

Total Physicians by Specialty

Physicians by State or Territory and Specialty

Physicians per 100,000 Population by Specialty

Compare Data Between States or Territories and Specialties

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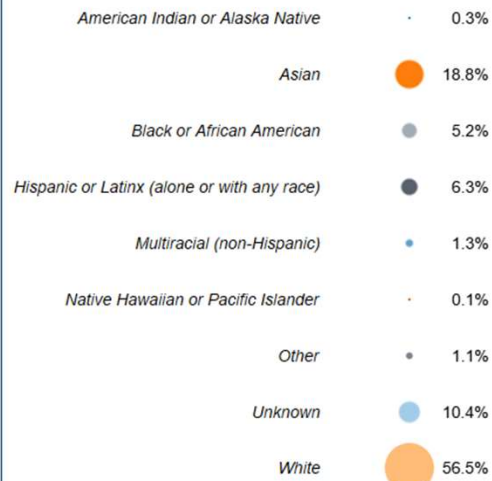
Total Physicians in All Specialties

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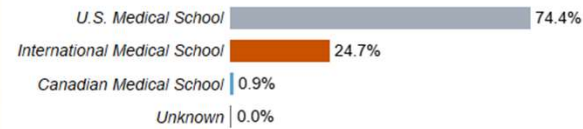
United States and its Territories, 2023

Total Physicians	989,320
Percentage Female	37.6%
Percentage Under Age 40	16.9%
Percentage Aged 65 and Older	23.2%

Physicians by Race/Ethnicity



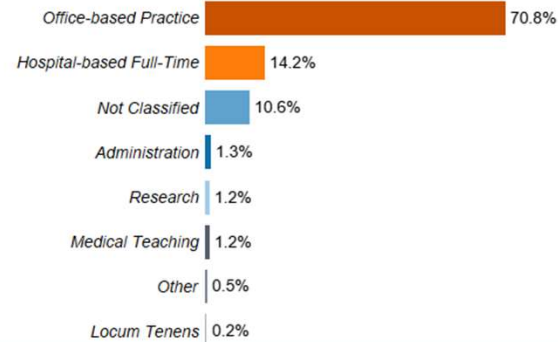
Physicians by Medical School Location



U.S. Medical School Graduates by Degree Type



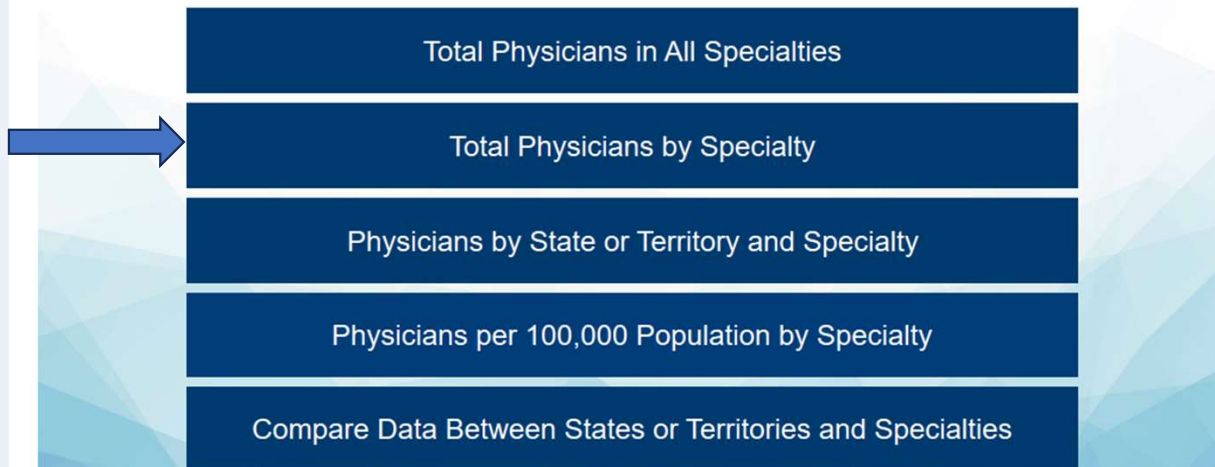
Physicians by Major Professional Activity



Source: American Medical Association. AMA Physician Professional Data (Dec. 31, 2021).
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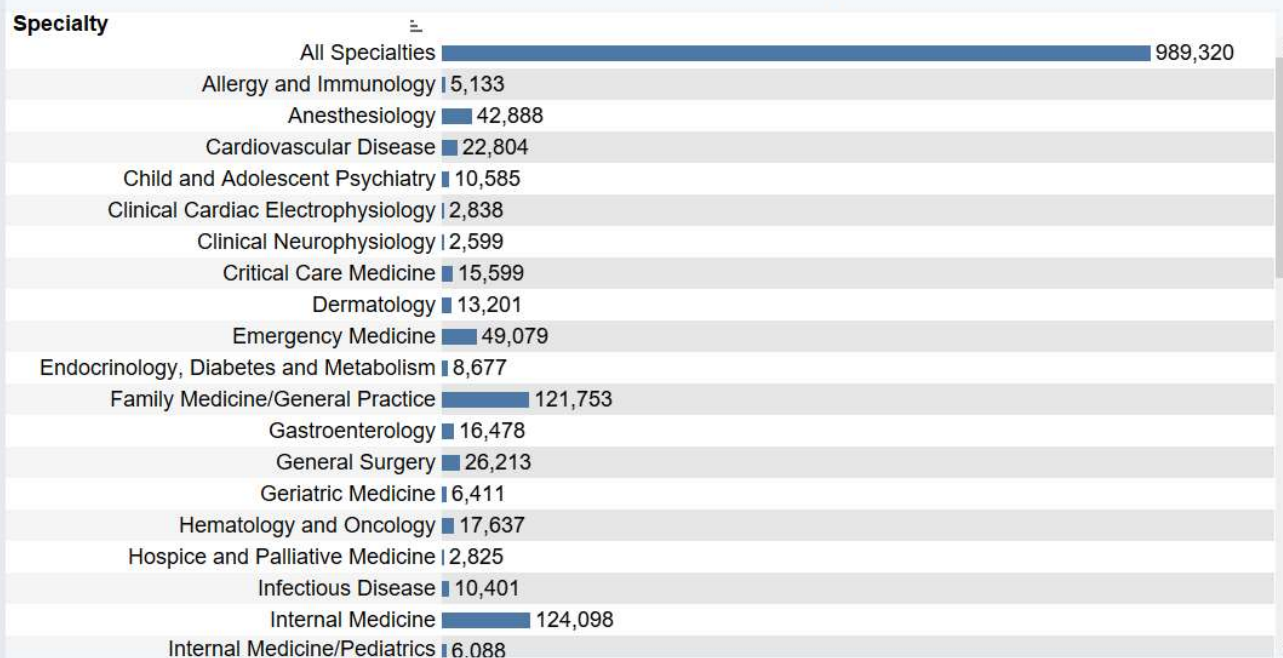
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Total Physicians by Specialty

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To view data for a specialty, select the specialty from the chart below.

United States and its Territories, 2023



Source: American Medical Association. AMA Physician Professional Data (Dec. 31, 2022).



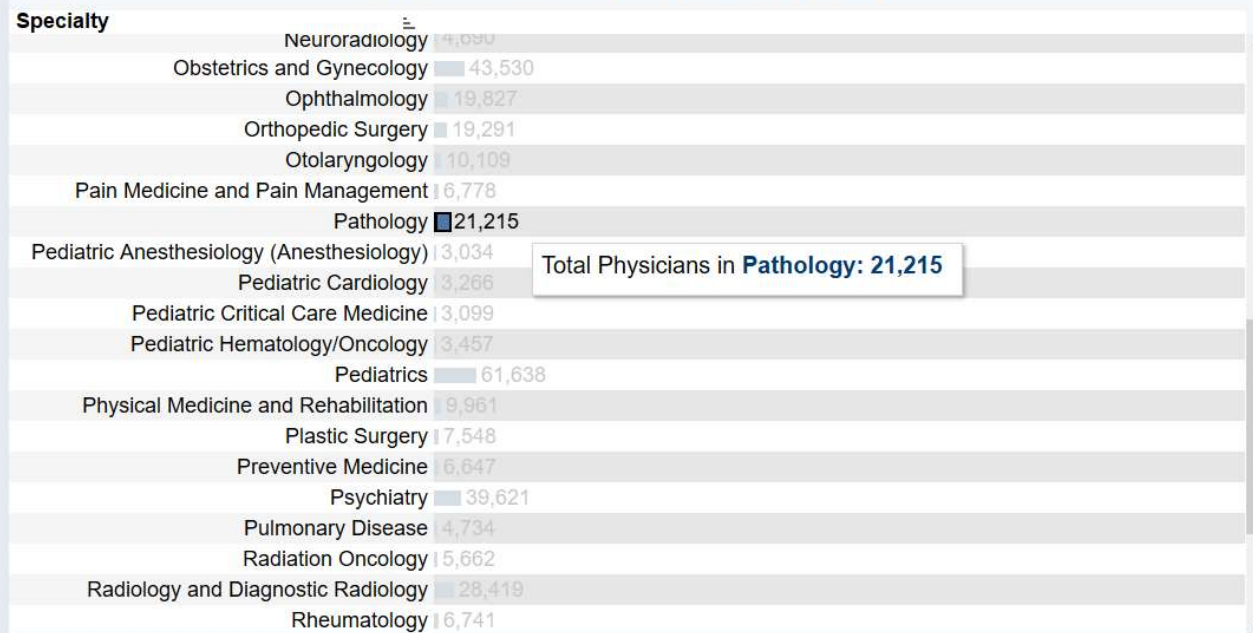
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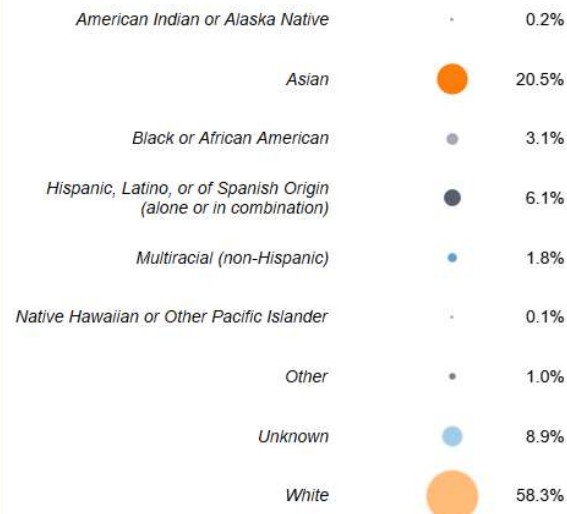
[Return to Total Physicians by Specialty](#)

To view data for a different specialty, select "Return to Total Physicians by Specialty."

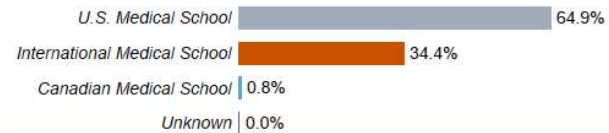
Total U.S. Physicians in *Pathology*, 2022

Total Physicians	21,215
Percent Female	44.1%
Percent Under Age 40	10.5%
Percent Aged 65 and Older	26.5%

Physicians by Race/Ethnicity



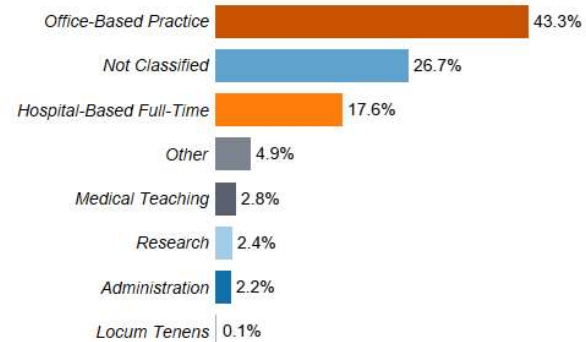
Physicians by Medical School Location



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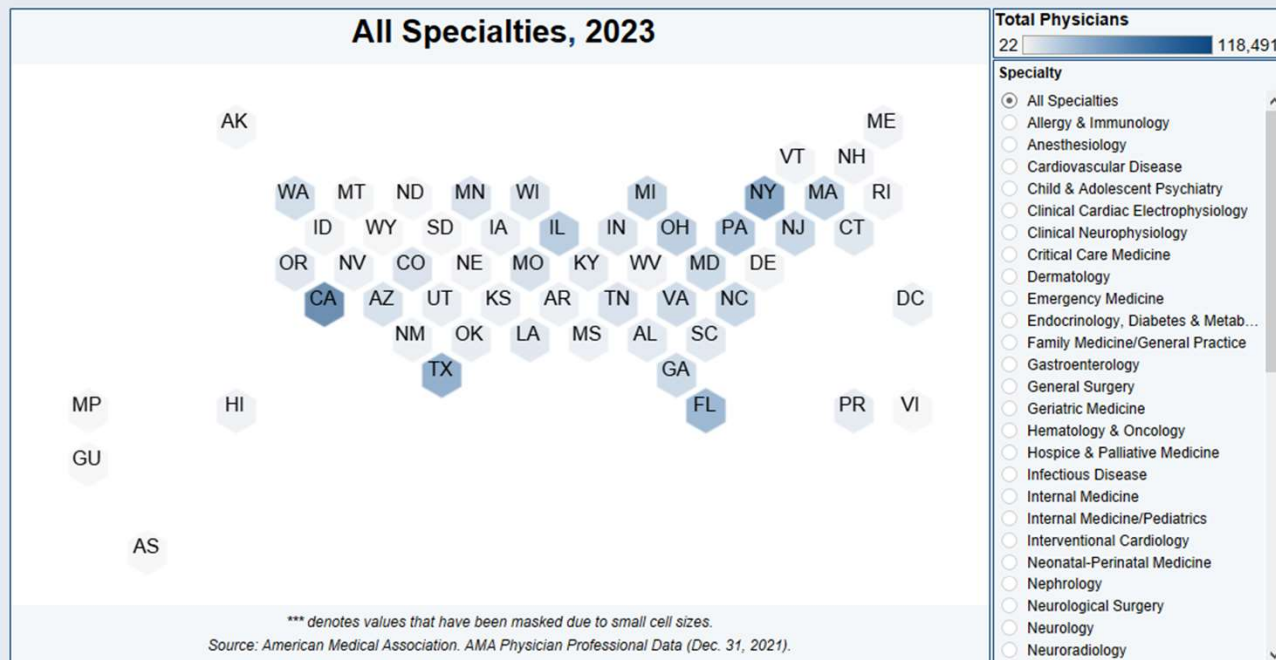


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Physicians by State or Territory and Specialty

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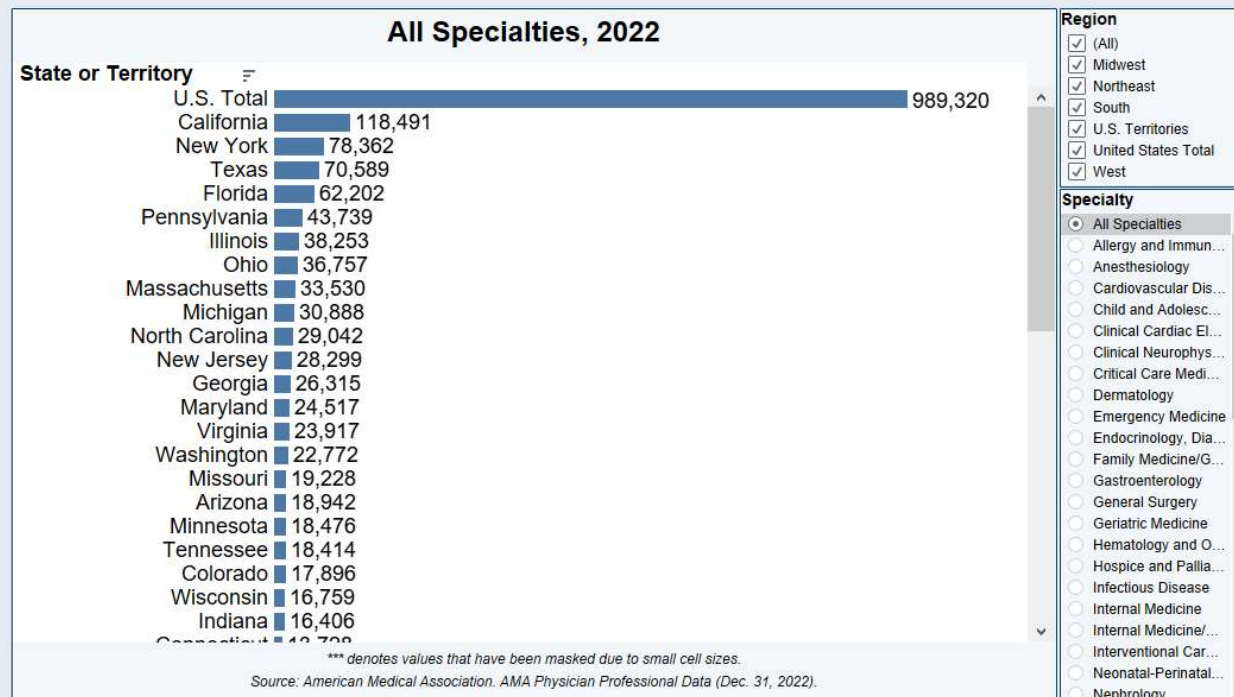


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Physicians by State or Territory and Specialty

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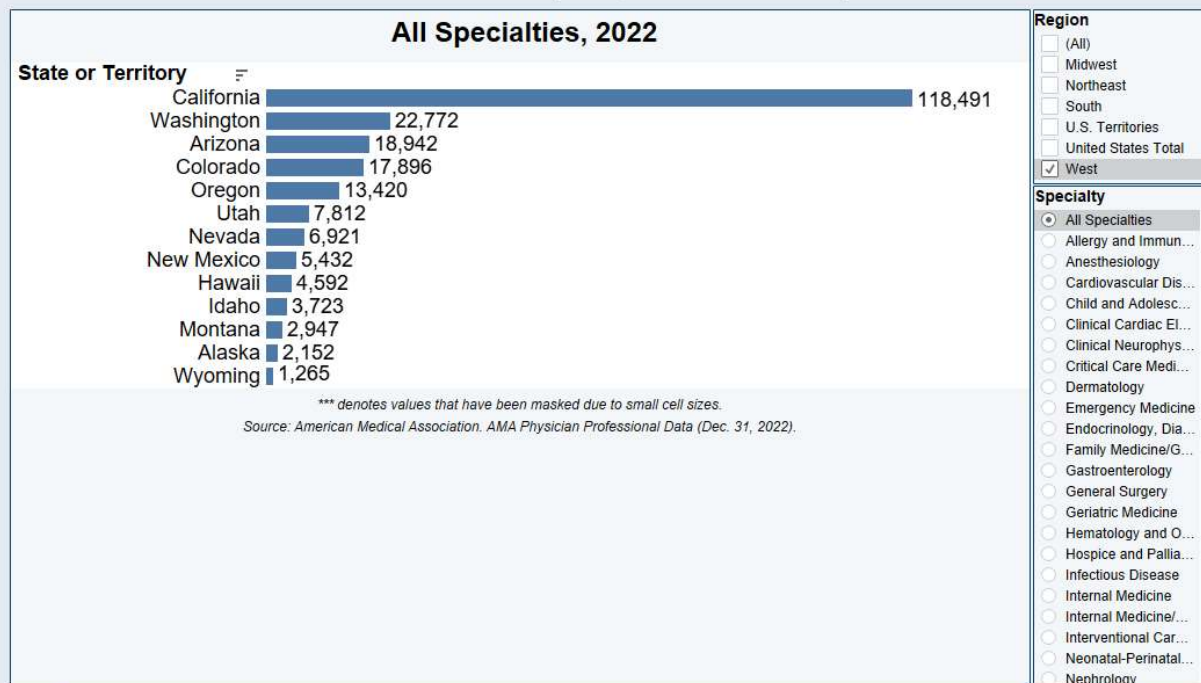


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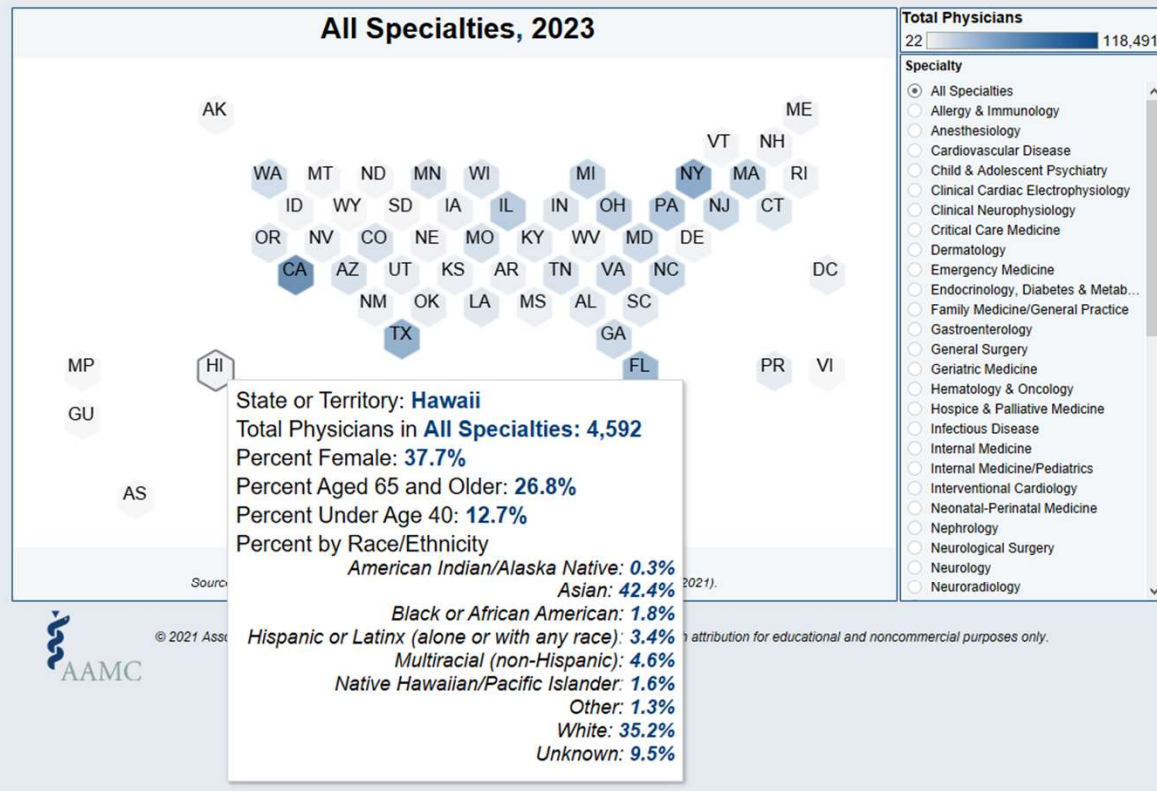


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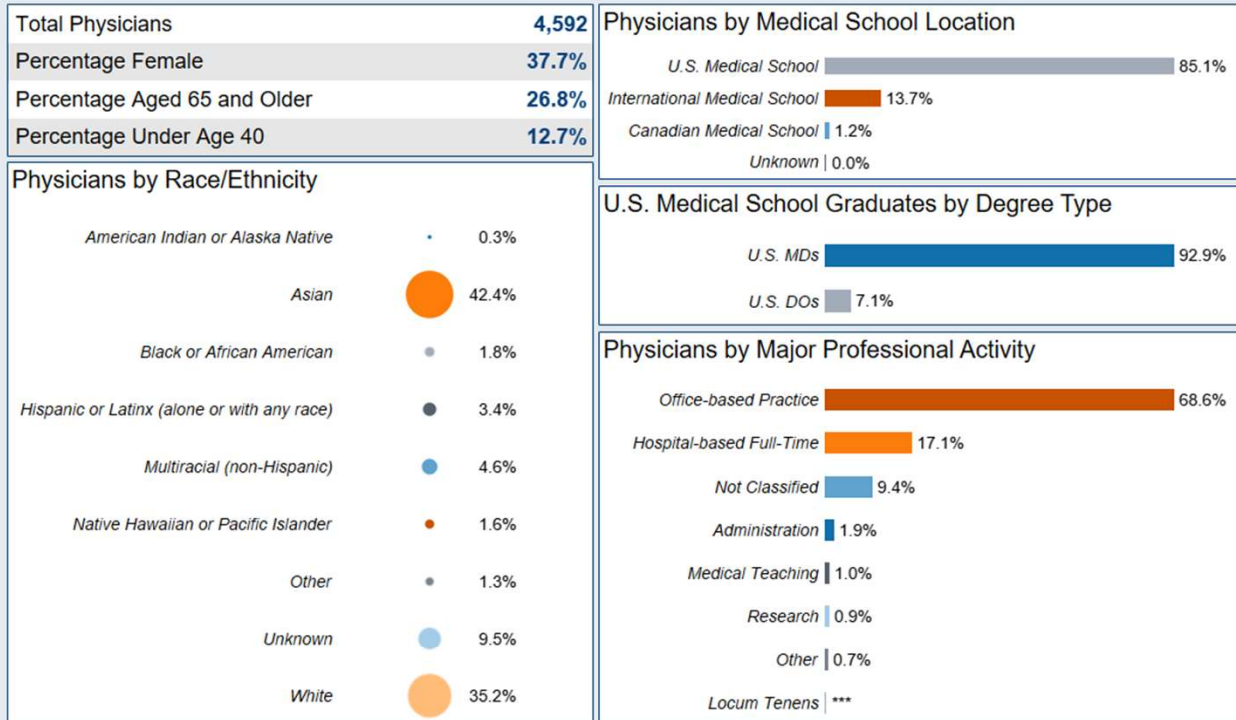
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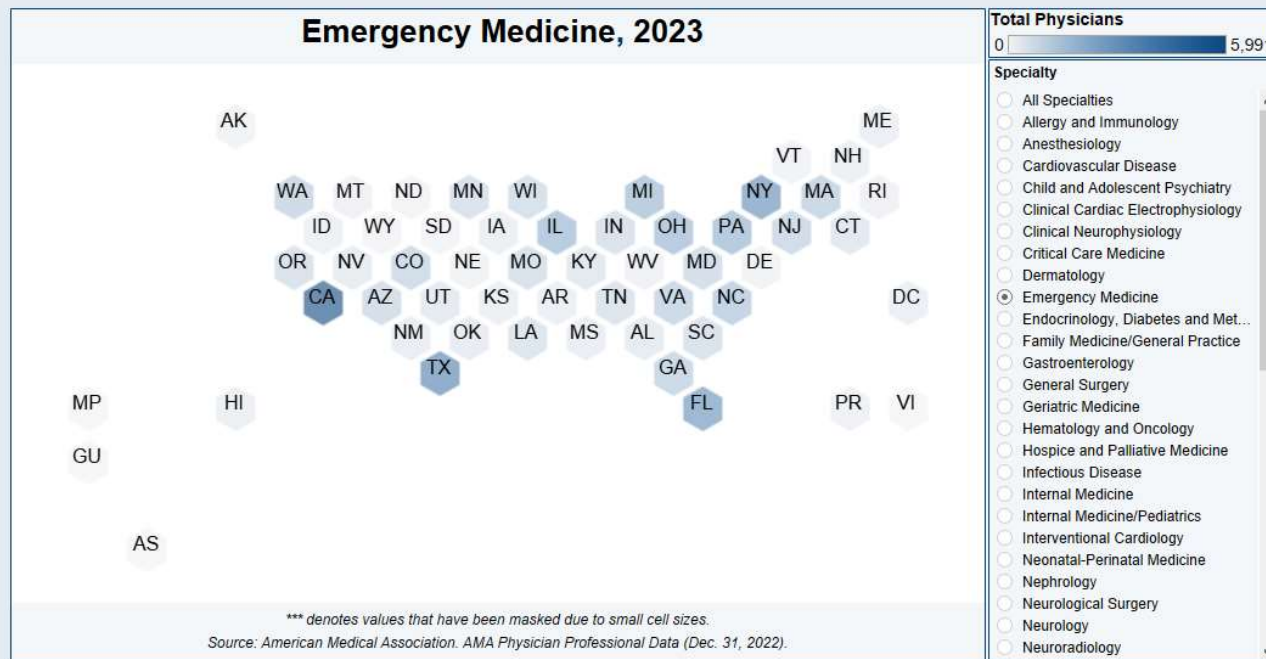
Hawaii Physicians in *All Specialties*, 2022



Source: American Medical Association. AMA Physician Professional Data (Dec. 31, 2021).
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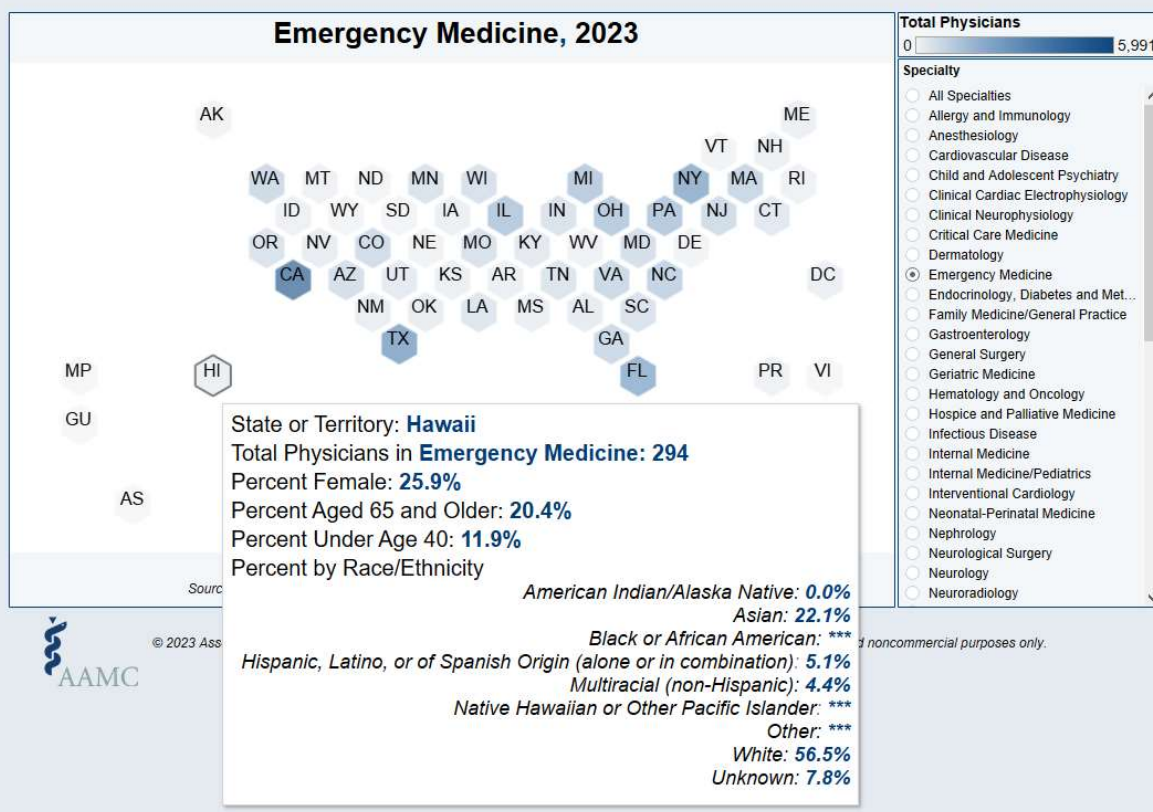
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Physicians by State or Territory and Specialty

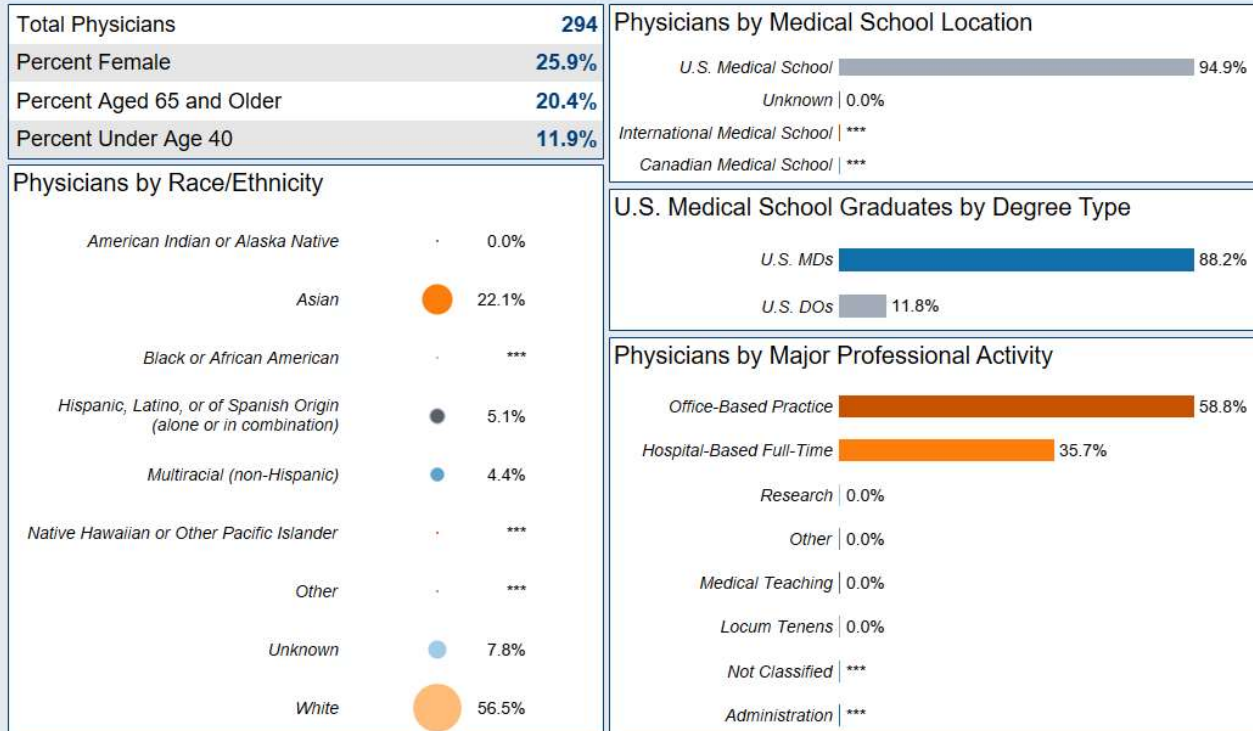
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Hawaii Physicians in *Emergency Medicine*, 2022



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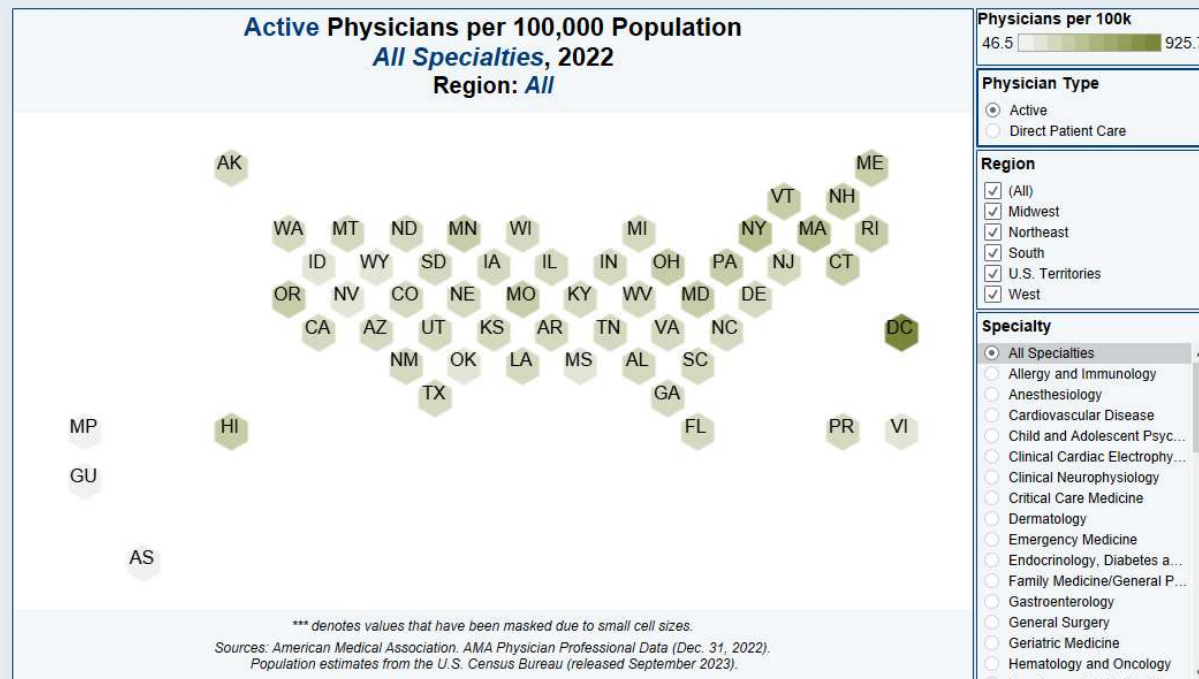


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Physicians per 100,000 Population

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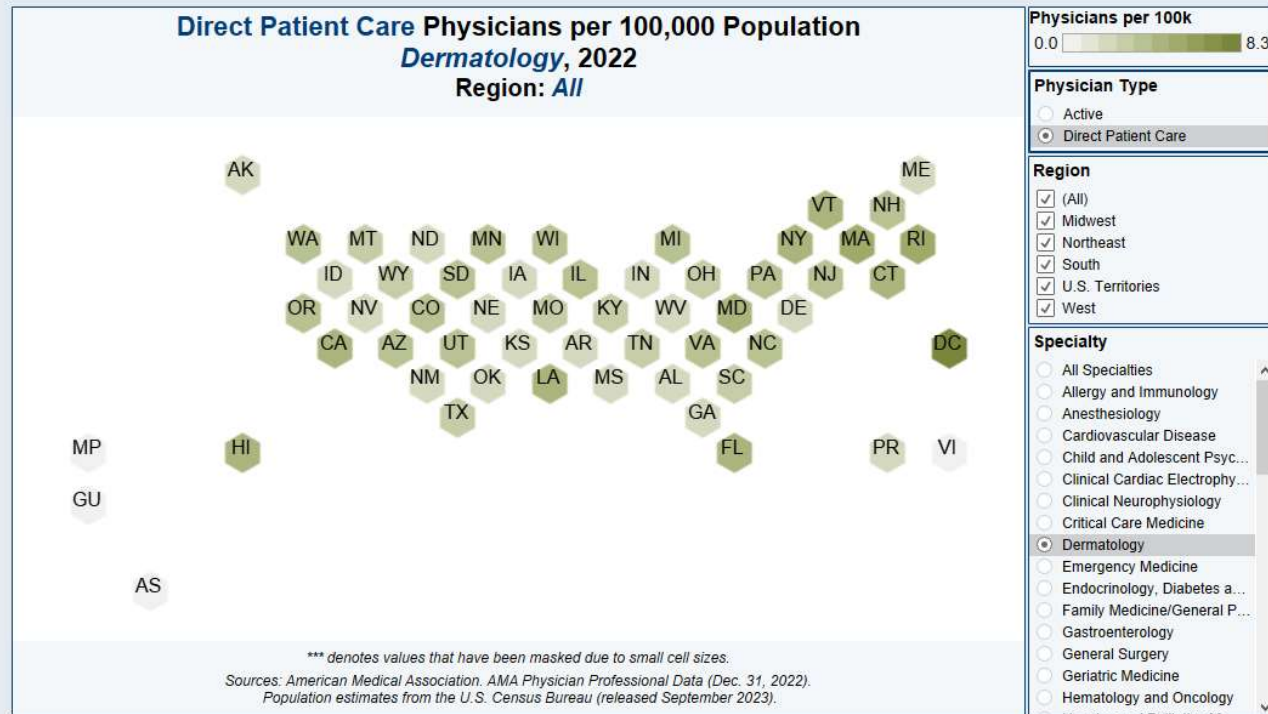


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Physicians per 100,000 Population

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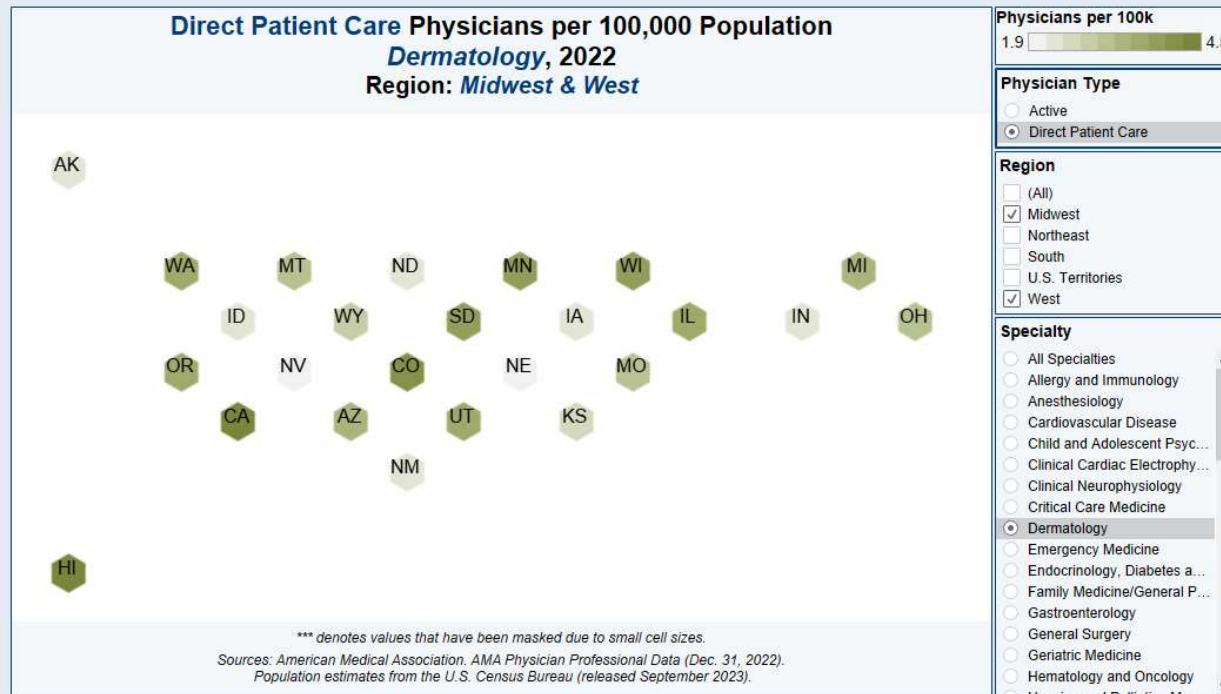


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U.S. Physician Workforce Data Dashboard

Explore physician data by location, specialty, and characteristics of interest:

Total Physicians in All Specialties

Total Physicians by Specialty

Physicians by State or Territory and Specialty

Physicians per 100,000 Population by Specialty

Compare Data Between States or Territories and Specialties

The AAMC Workforce Studies team is academic medicine's source for physician workforce projections, data, and research. To learn more, visit the Workforce Studies page.



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Created by Rosalie Kelly.

Compare Physician Data by State or Territory and Specialty

[Home](#)

Select states or territories to compare:

Georgia Maine

Select specialties to compare:

All Specialties All Specialties

To view data, select one:

- ☐ Physicians by Sex
- ☐ Physicians Under Age 40
- ☐ Physicians Aged 65 and Older
- ☒ Physicians by Race/Ethnicity
- ☐ Physicians by Major Professional Activity
- ☐ Physicians by Medical School Location
- ☐ U.S. Medical Graduates by Degree Type

Georgia All Specialties, 2023 Total Physicians: 26,315			Maine All Specialties, 2023 Total Physicians: 4,581		
Physicians by Race/Ethnicity			Physicians by Race/Ethnicity		
American Indian or Alaska Native	-	0.2%	American Indian or Alaska Native	-	***
Asian	●	17.1%	Asian	●	6.5%
Black or African American	●	16.5%	Black or African American	*	1.6%
Hispanic, Latino, or of Spanish Origin (alone or in combination)	●	4.1%	Hispanic, Latino, or of Spanish Origin (alone or in combination)	*	2.1%
Multiracial (non-Hispanic)	*	1.1%	Multiracial (non-Hispanic)	*	0.8%
Native Hawaiian or Other Pacific Islander	*	0.1%	Native Hawaiian or Other Pacific Islander	*	***
Other	*	0.8%	Other	*	0.7%
Unknown	●	8.7%	Unknown	●	7.5%
White	●	51.5%	White	●	80.4%

*** denotes values that have been masked due to small cell sizes.

Source: American Medical Association. AMA Physician Professional Data (Dec. 31, 2022).

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Compare Physician Data by State or Territory and Specialty

[Home](#)

Select states or territories to compare:

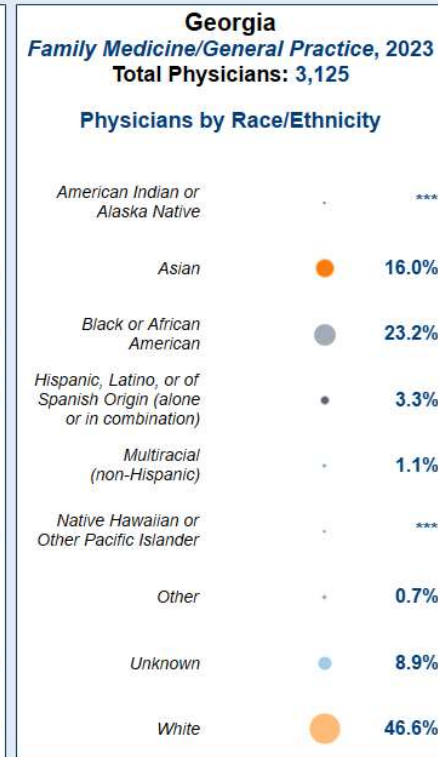
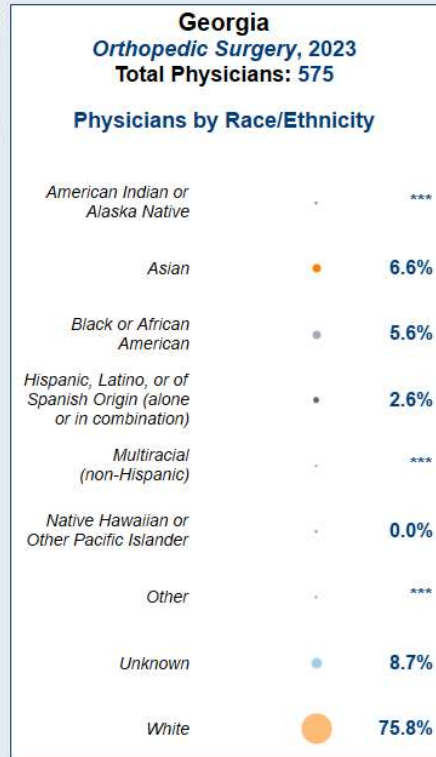
Georgia Georgia

Select specialties to compare:

Orthopedic Surgery Family Medicine/General ...

To view data, select one:

- ☐ Physicians by Sex
- ☐ Physicians Under Age 40
- ☐ Physicians Aged 65 and Older
- ☒ Physicians by Race/Ethnicity
- ☐ Physicians by Major Professional Activity
- ☐ Physicians by Medical School Location
- ☐ U.S. Medical Graduates by Degree Type



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Source: American Medical Association. AMA Physician Professional Data (Dec. 31, 2022).

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Compare Physician Data by State or Territory and Specialty

[Home](#)

Select states or territories to compare:

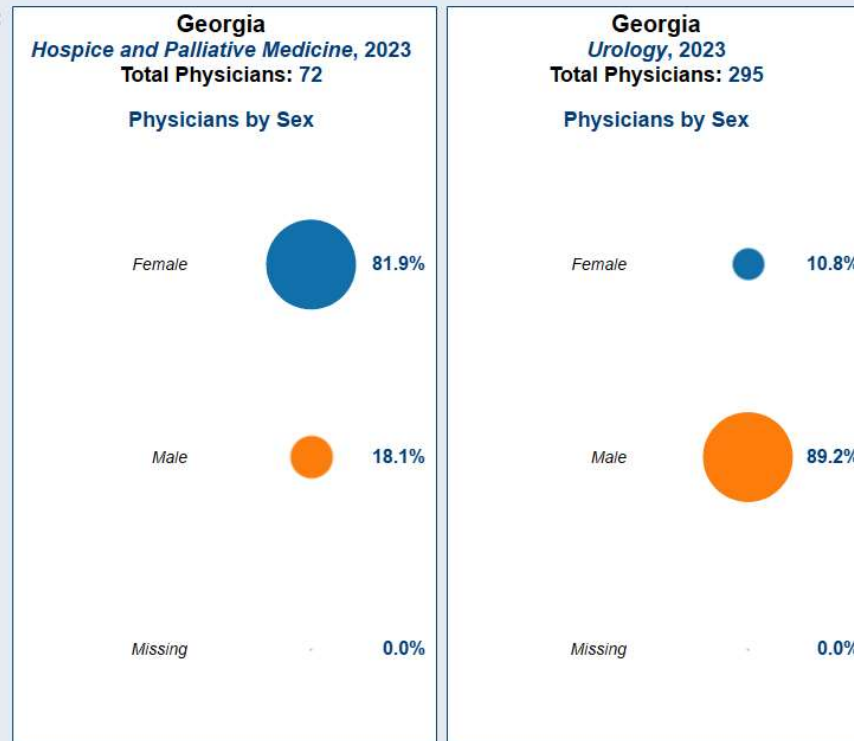
Georgia Georgia

Select specialties to compare:

Hospice and Palliative Me... Urology

To view data, select one:

- ☒ Physicians by Sex
- ☐ Physicians Under Age 40
- ☐ Physicians Aged 65 and Older
- ☐ Physicians by Race/Ethnicity
- ☐ Physicians by Major Professional Activity
- ☐ Physicians by Medical School Location
- ☐ U.S. Medical Graduates by Degree Type



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Compare Physician Data by State or Territory and Specialty

[Home](#)

Select states or territories to compare:

North Dakota Oregon

Select specialties to compare:

Cardiovascular Disease Cardiovascular Disease

To view data, select one:

- ☐ Physicians by Sex
- ☐ Physicians Under Age 40
- ☒ Physicians Aged 65 and Older
- ☐ Physicians by Race/Ethnicity
- ☐ Physicians by Major Professional Activity
- ☐ Physicians by Medical School Location
- ☐ U.S. Medical Graduates by Degree Type

North Dakota
Cardiovascular Disease, 2023
Total Physicians: 27
Physicians Aged 65 and Older

Over 65



51.9%

Under 65



48.1%

Oregon
Cardiovascular Disease, 2023
Total Physicians: 212
Physicians Aged 65 and Older

Over 65



28.8%

Under 65



71.2%



*** denotes values that have been masked due to small cell sizes.

Source: American Medical Association. AMA Physician Professional Data (Dec. 31, 2022).

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Created by Rosalie Kelly.



AND NOW
BACK TO OUR
REGULARLY
SCHEDULED
PROGRAM
ALREADY IN
PROGRESS



Physician workforce projections



Key data & trends



Access & distribution



Representation matters



Coming soon(-ish)

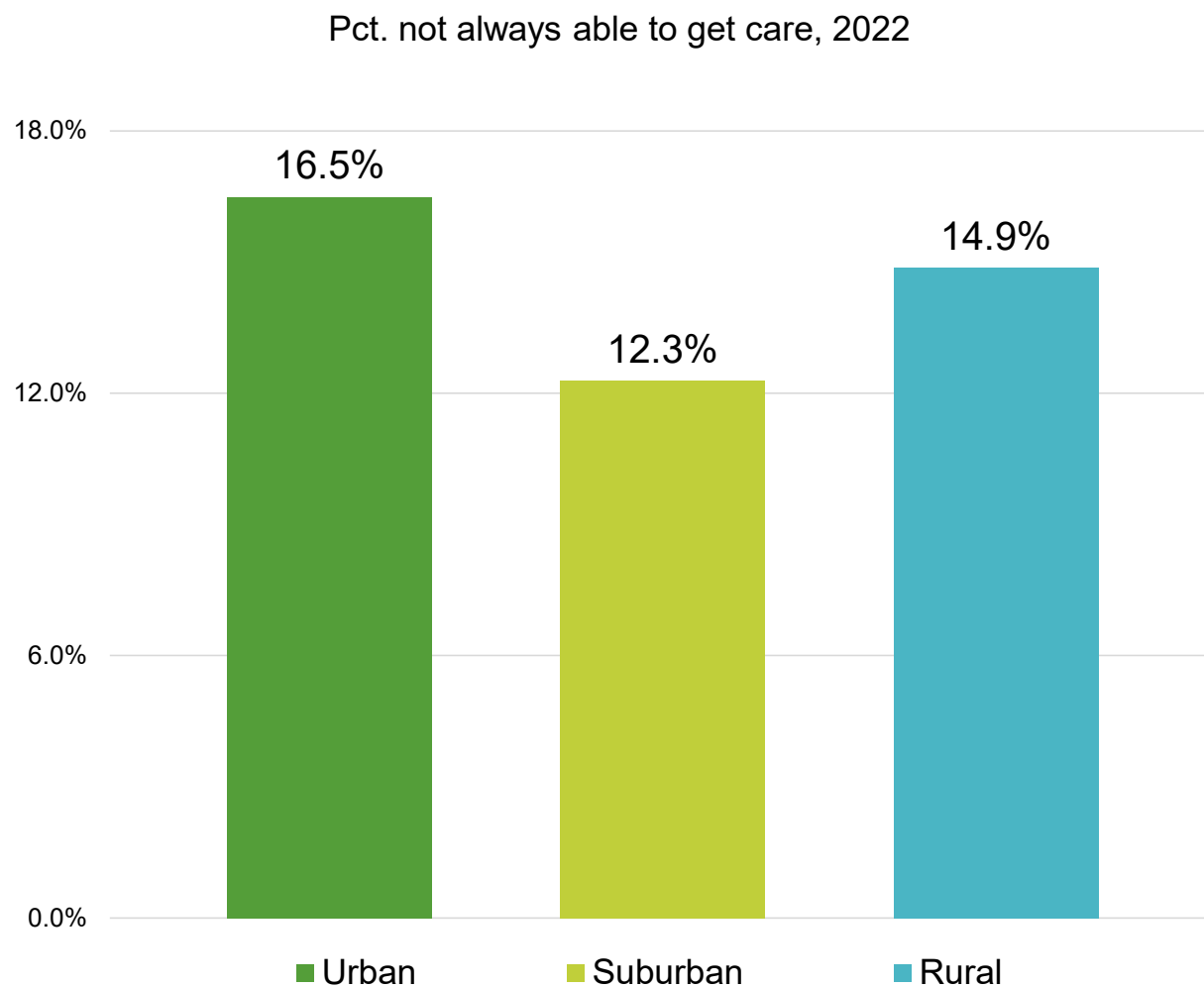




“The only thing there is to say”

- As of 2022, 14% of US adults were not always able to get care when they needed it.
- That’s more than **36 million** people who could not get care they needed – in just one year.

Access to
care differs
by type of
place



Source: AAMC Consumer Survey of Health Care Access

Access, delayed



How long did you have to wait to be seen?

&

How soon **did you think** you needed to seen?





There are differences in access by type of care

	Seen same day when needed	Appointment gap (median)
Generalist	76%	2 days
Specialist	64%	3 days

Getting same day care is hardest for those seeking specialty care in rural areas

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The greatest delays in getting care are for those seeking specialty care in urban areas

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The distribution story is complex

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The
distribution
story is
complex



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What about the places that do need more *physicians?*



Why Do Physicians Move Where They Do?


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Why do
physicians
practice where
they do?
An illuminating
example...

Research and Practice

What Moves Physicians to Work in Rural Areas? An In-Depth Examination of Physician Practice Location Decisions

Economic Development Quarterly
1–16
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DOI: 10.1177/08912424211046600
journals.sagepub.com/home/edq


Xiaochu Hu¹ , Michael J. Dill² and Sarah S. Conrad³

Abstract

This study contributes to the current understanding of what drives physicians to practice in rural areas by analyzing new, comprehensive survey data of practicing physicians in the United States. This research confirmed that rural origin is a powerful and reliable predictor for rural practice and revealed that new and experienced physicians have different priorities regarding location choice. Physicians choosing rural practice locations are more likely to be motivated by compensation, the resemblance of the environment to the one they grew up in, patient needs, and prenegotiated service obligations or visa/immigration status. They are less likely to attribute their location choice to social network proximity. These findings have important implications for salary incentives and policy initiatives aimed at increasing the rural physician workforce. The results of this study will help decrypt the difficulties rural areas face in attracting and retaining medical and other professionals and inform policy development.

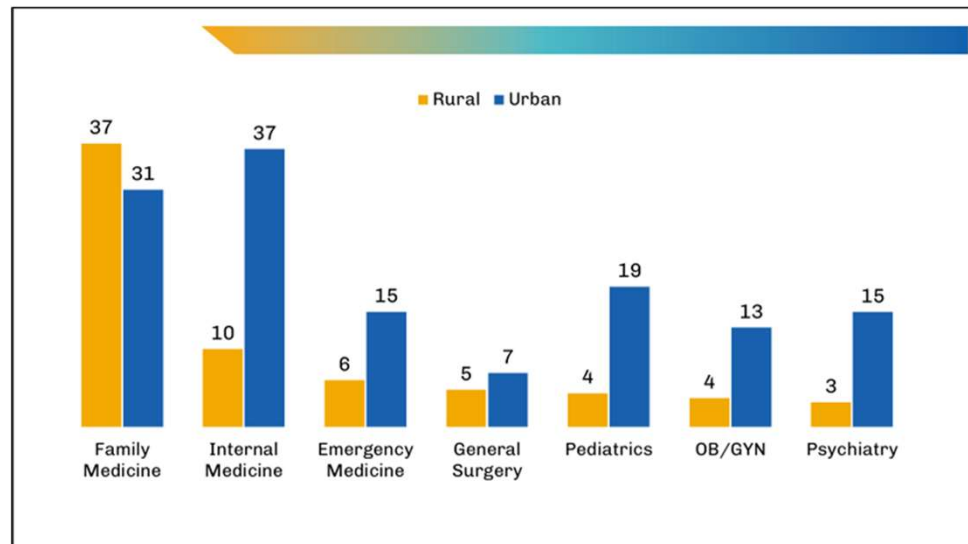
Keywords

physicians, rural health, rural practice, location choice reason

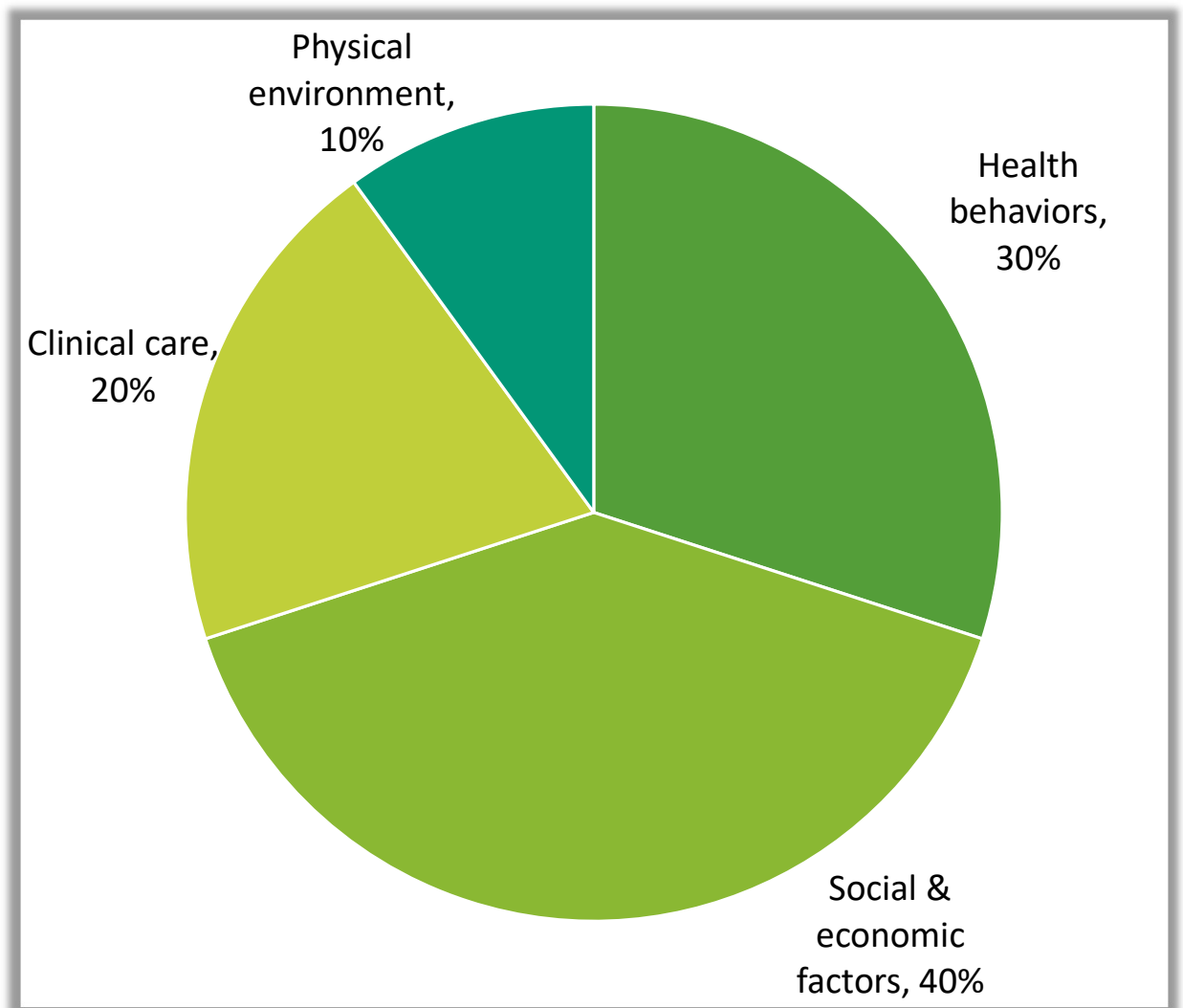
Received 10 July 2020; Revised received 23 May 2021; accepted 25 May 2021

Rural places have
more family
medicine
physicians per
capita

Number of physicians per 100,000 population by specialty, 2022



Maybe
there is
more at
work here...





Physician workforce projections



Key data & trends



Access & distribution



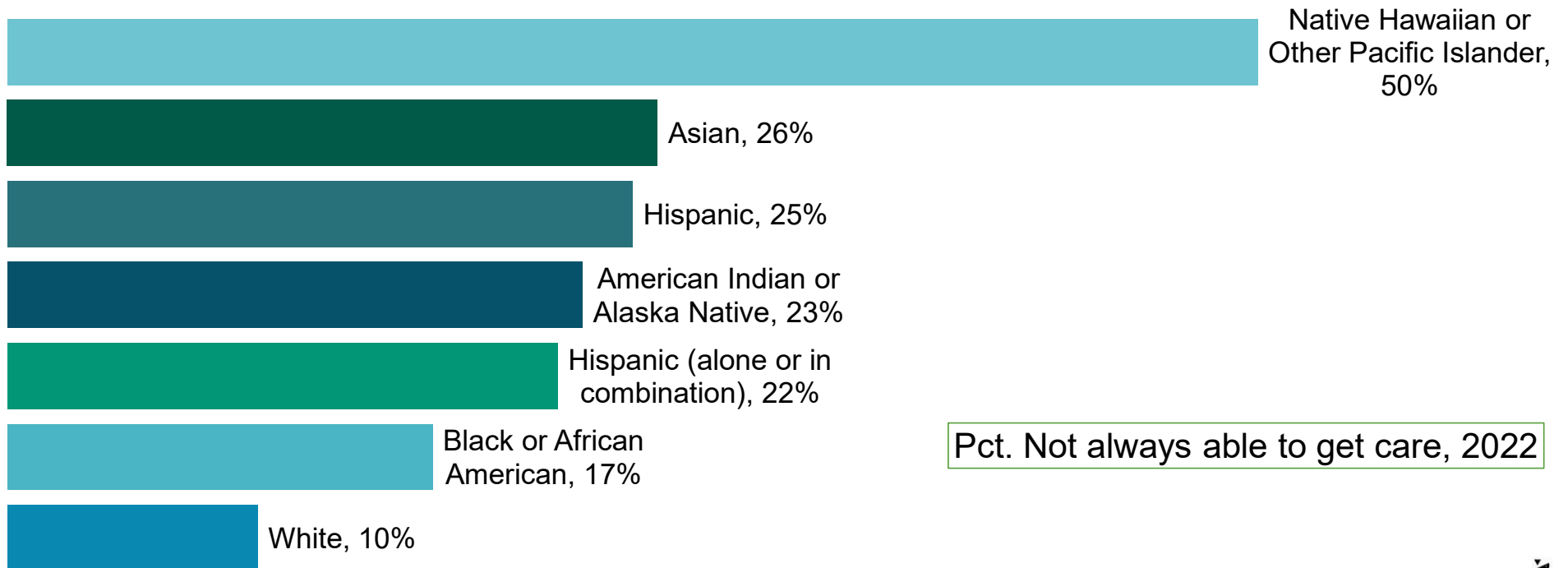
Representation matters



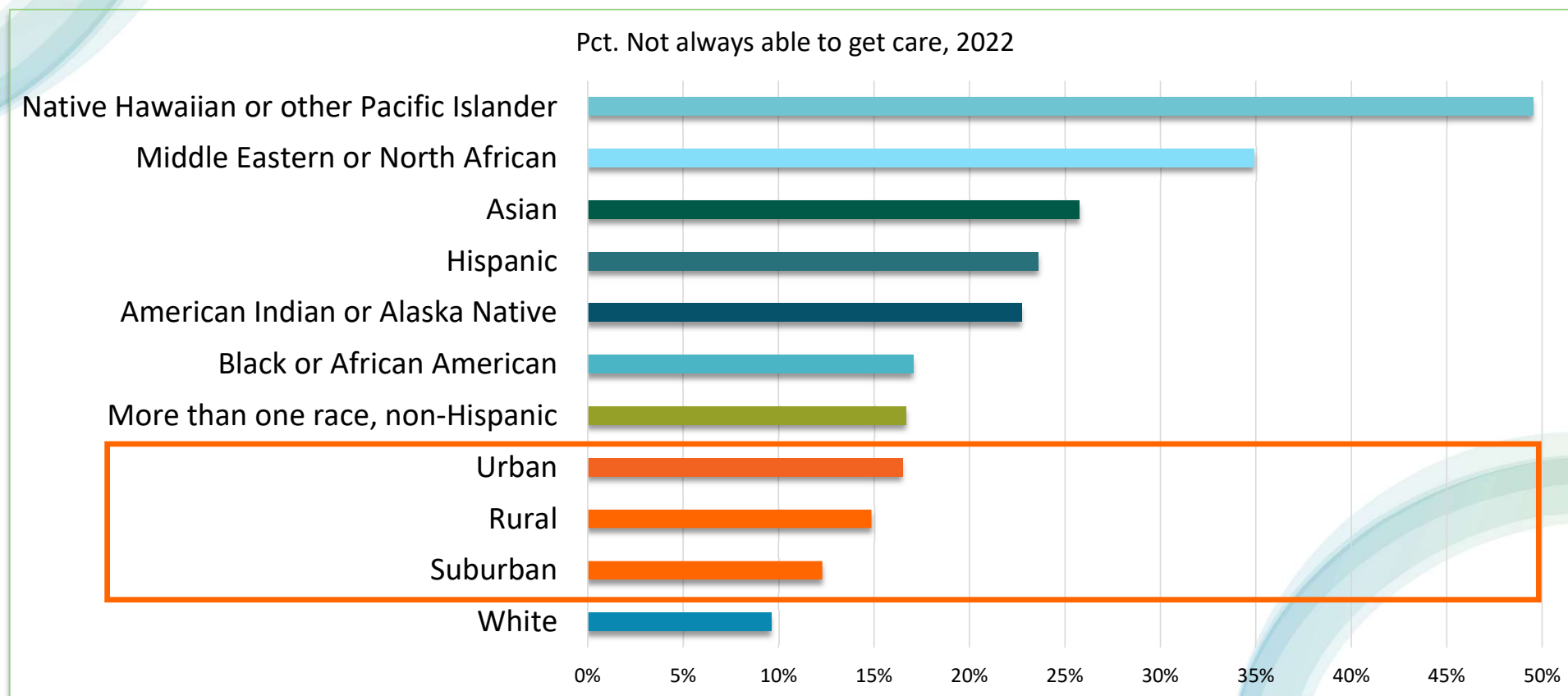
Coming soon(-ish)

“And try to keep a little grace”

Access to care differs by race



Race, place, and access to care



Access is complex

- What if we look at race by place?

Best access

(lowest percent not always able to get care)

Other

Rural

More than one race

Rural

White

Suburban

More than one race

Urban

White

Urban

Worst access

(highest percent not always able to get care)



Native Hawaiian or Pacific Islander

Asian



Native Hawaiian or Pacific Islander

American Indian or Alaska Native



Native Hawaiian or Pacific Islander

Rural

Rural

Suburban

Urban

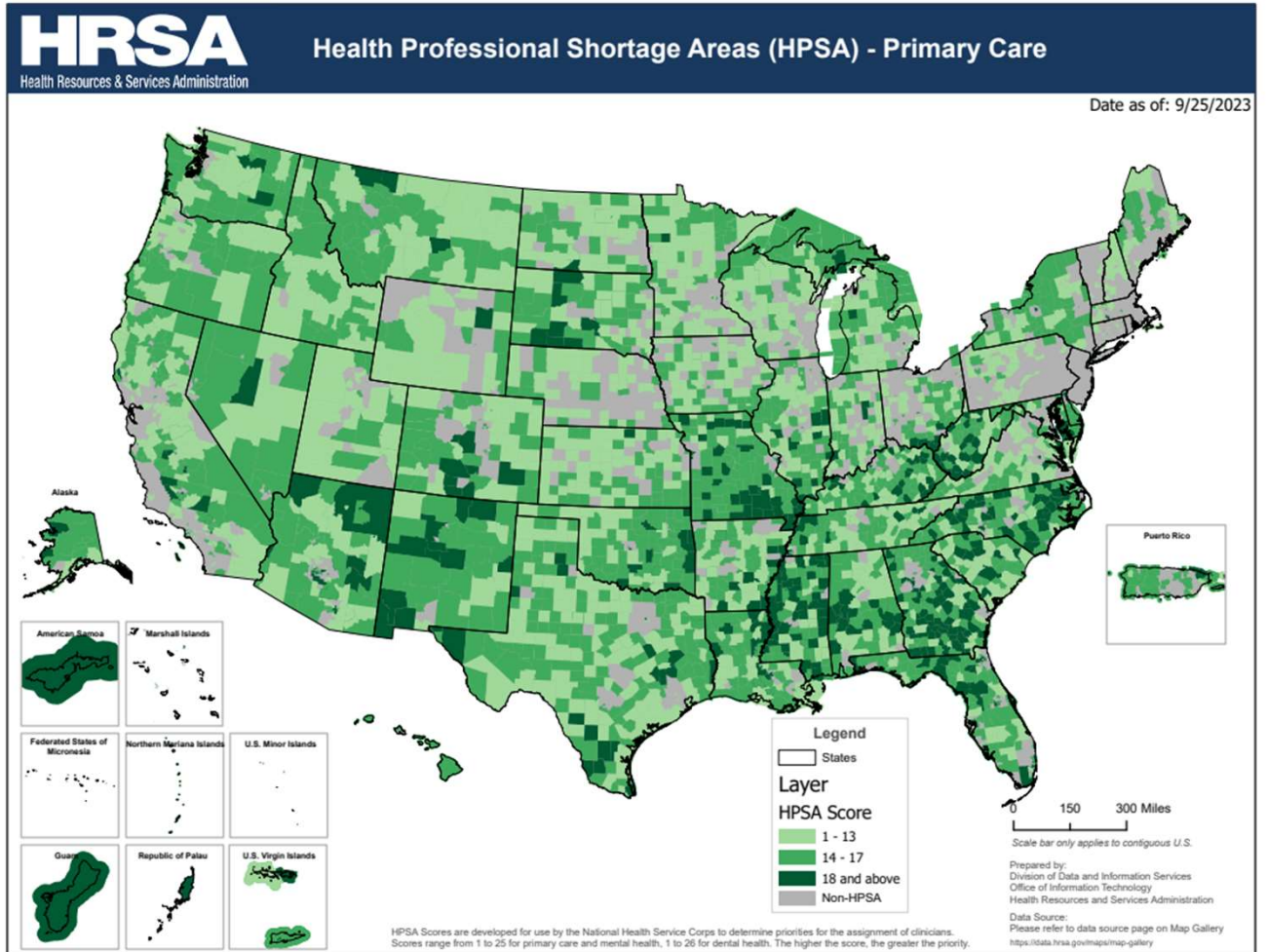
Urban

The
distribution
story is
complex

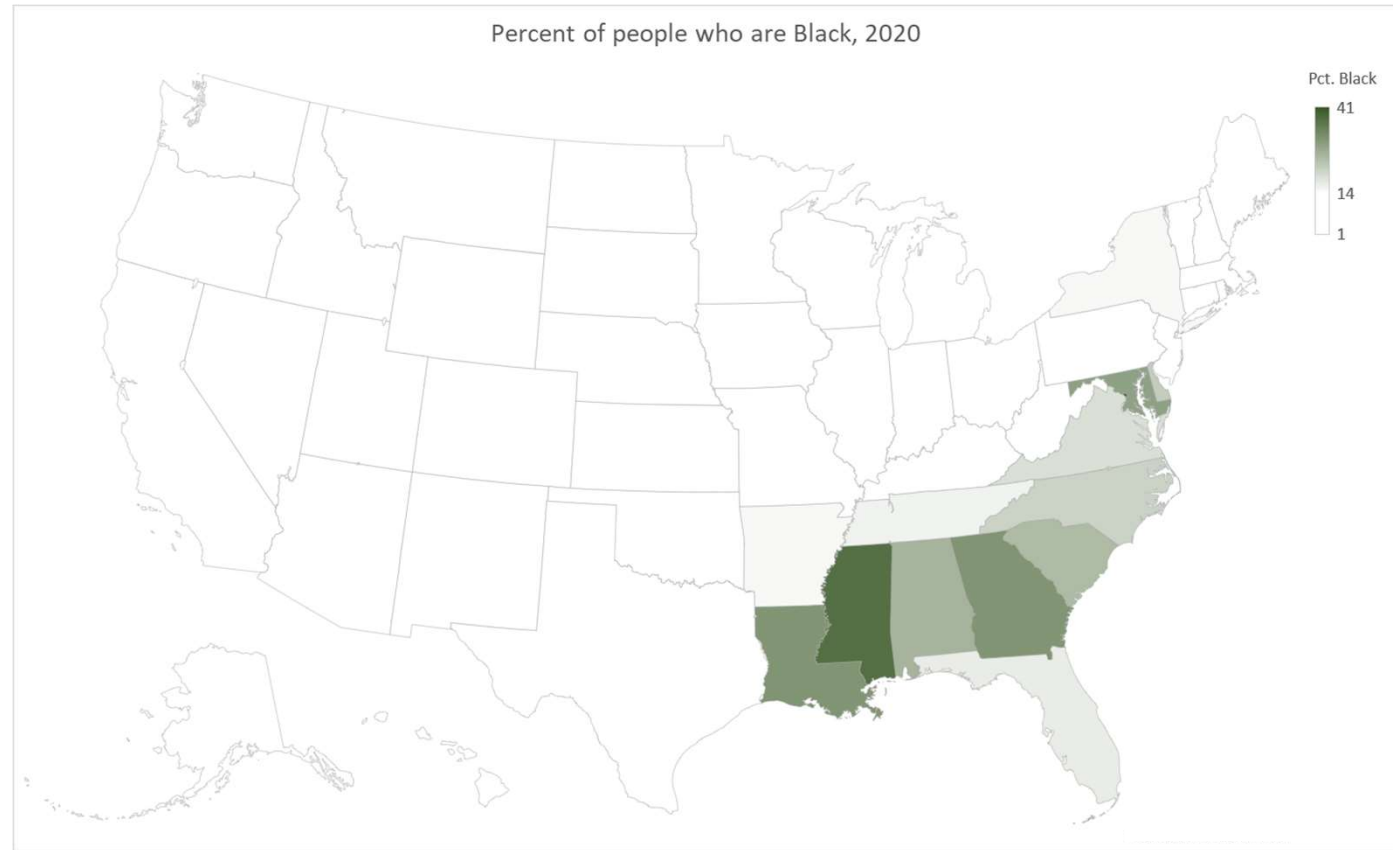


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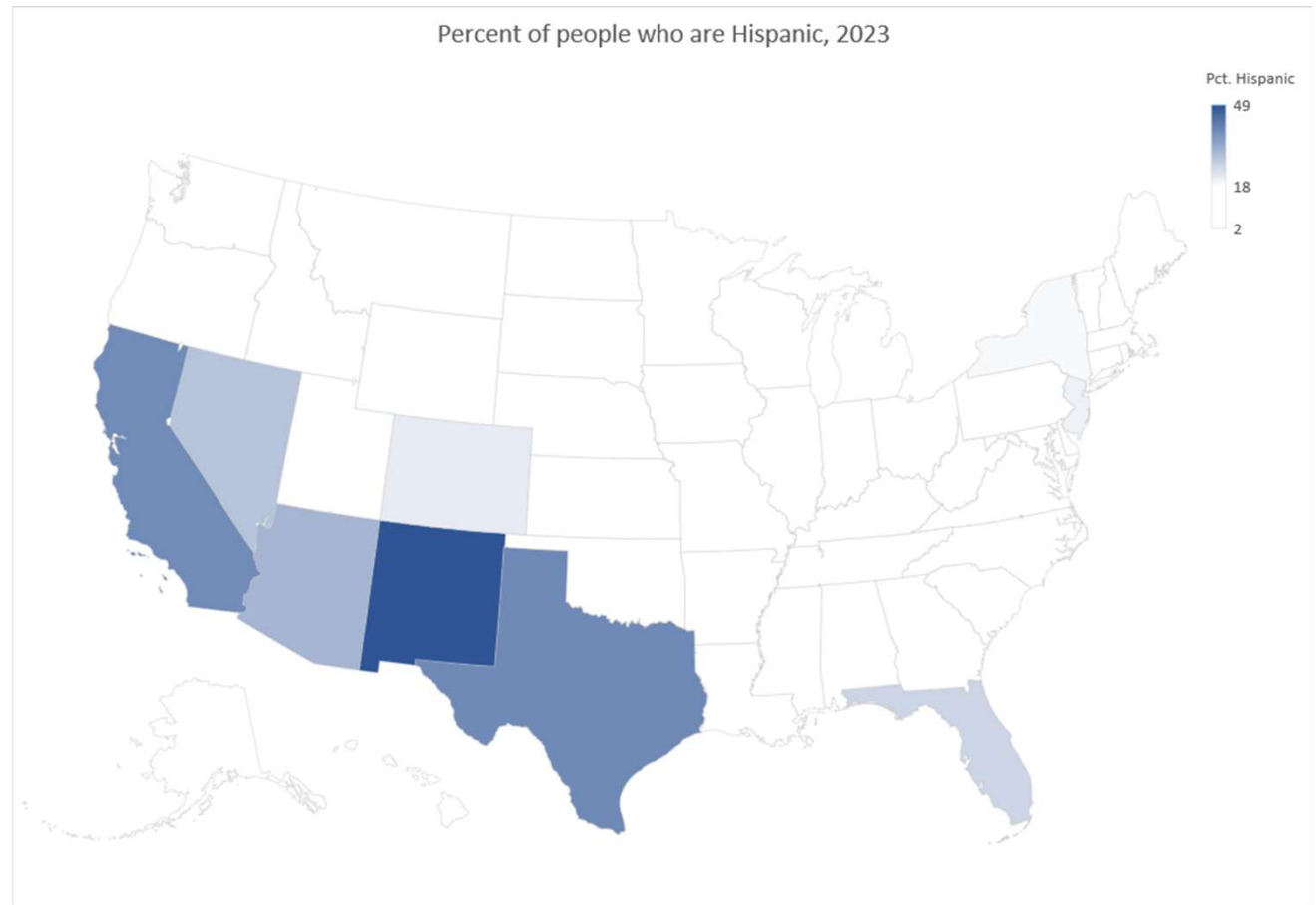
Designated
primary care
shortages



Where are the
(designated)
shortages
concentrated?



Where are the
(designated)
shortages
concentrated?



Representation matters

- Greater Black primary care physician workforce representation associated with higher life expectancy for Black individuals, lower all-cause Black mortality, and lower Black-White mortality rate disparities

What's New in Workforce Studies

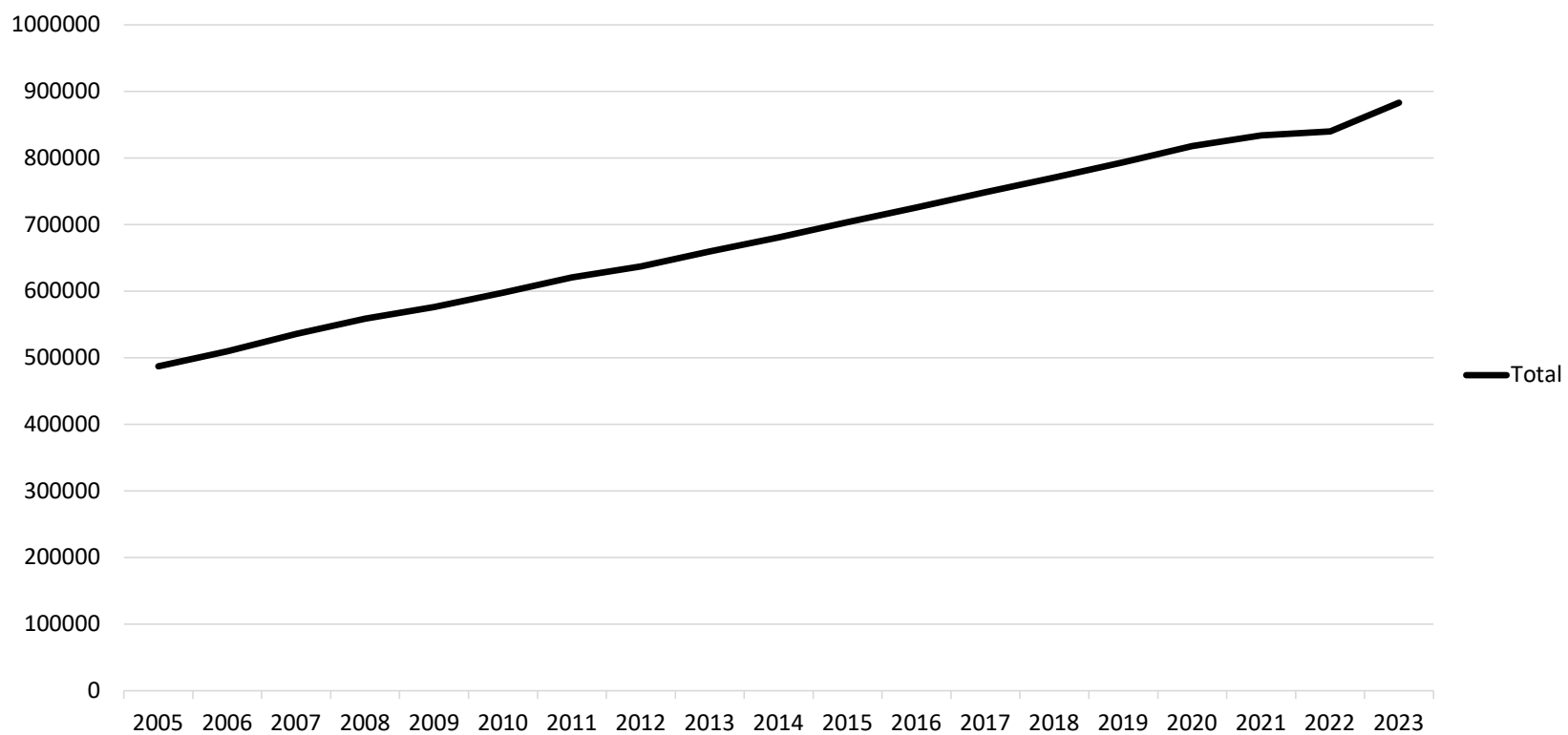
Black Representation in the Primary Care Physician Workforce and Its Association With Population Life Expectancy and Mortality Rates in the US

[This research](#) assesses county-level Black PCP workforce representation and its association with mortality-related outcomes in the US.



- ✓ An adequate number of physicians is crucial to the health of all.
- ✓ A robust primary care workforce is important for population health.
- ✓ Diversity and inclusion within the physician workforce are in everyone's best interest.

Physicians practicing in the US, 2005-2023



Source: AAMC analysis of AMA PPD.

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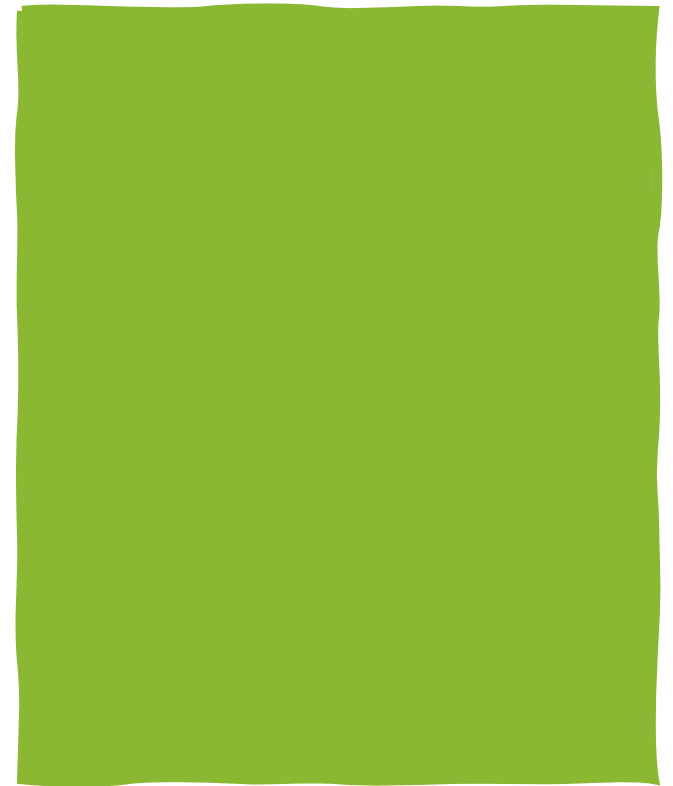
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Thinking about the Pathway to a Career in Medicine





“The ABC's
We all think of
Try to give a little love”



Increase Significantly the Number of Diverse Medical School Applicants and Matriculants

Establish a consortium of pathway programs

Conduct an in-depth needs assessment of learners

Develop (learner-facing) toolkits

Provide medical schools with systems-based resources


Leverage the AAMC/NMA Action Collaborative for Black Men in Medicine

- 
- www.aamc.org/scotusadmissions

Diversity in Medical School Admissions

Last Updated August 24, 2023

On June 29, 2023, the U.S. Supreme Court (SCOTUS) ruled on two cases — [Students for Fair Admissions v. Harvard](#) and [Students for Fair Admissions v. University of North Carolina](#) — concerning the consideration of an applicant's racial or ethnic background in the higher education admissions process. The lower courts in both cases had upheld the schools' processes. The Supreme Court [has reversed](#) the lower courts' decisions in the Harvard and UNC cases.



Related sessions:



Examining Systems & Structures: Innovations Across MedEd for American Indians & Alaska Natives

November 5, 2023

1:15 PM-2:30 PMPT

SCC Summit 323-325

This session will present examples of innovative equity-center strategies to support, engage, and recruit Native youth to medicine and models for addressing the gaps in AIAN presence within AHCs. Presenters will focus on three key areas, including (1) meaningful and impact-driven Tribal partnership and leadership; (2) multi-institutional partnerships; and (3) faculty engagement and development.



New Insights in Admissions and Diversity: First Generation College Students in Medicine

November 6, 2023

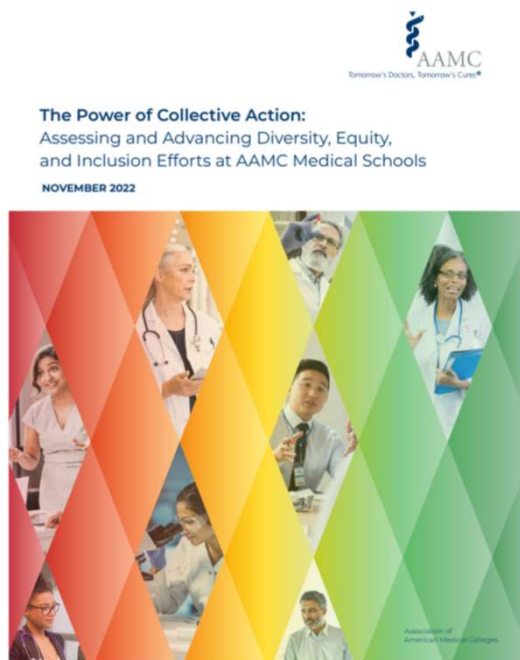
10:30 AM-11:45 AMPT

SCC Summit 420-422

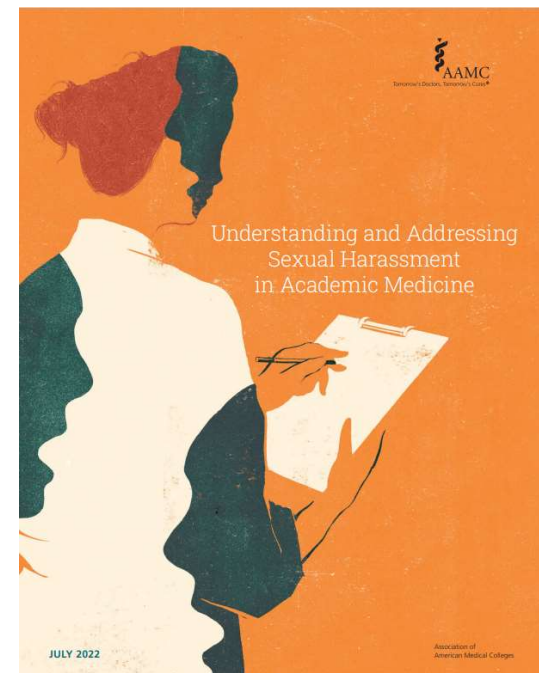
This session will share findings from analysis of the first five years of data generated by the AMCAS® First Generation Indicator, propose local and national strategies to increase the application and matriculation of first-generation college students, share effective practices for providing holistic student support, and reinforce the assets that first-generation college students bring to medical education

Equip Medical Schools and Teaching Hospitals and Health Systems to Become More Inclusive, Equitable Organizations

COD Collective Action Initiative



Sexual Harassment in Academic Medicine





IDEAS Learning Series

Inclusion, Diversity,
Equity, and Anti-racism

A monthly webinar series that brings in experts from across academic medicine to help:

- Foster inclusive environments.
- Create equitable advancement, promotion, and tenure policies.
- Promote anti-racist policies, education, and institutional practices.

www.aamc.org/ideas





Physician workforce projections



Key data & trends



Access & distribution



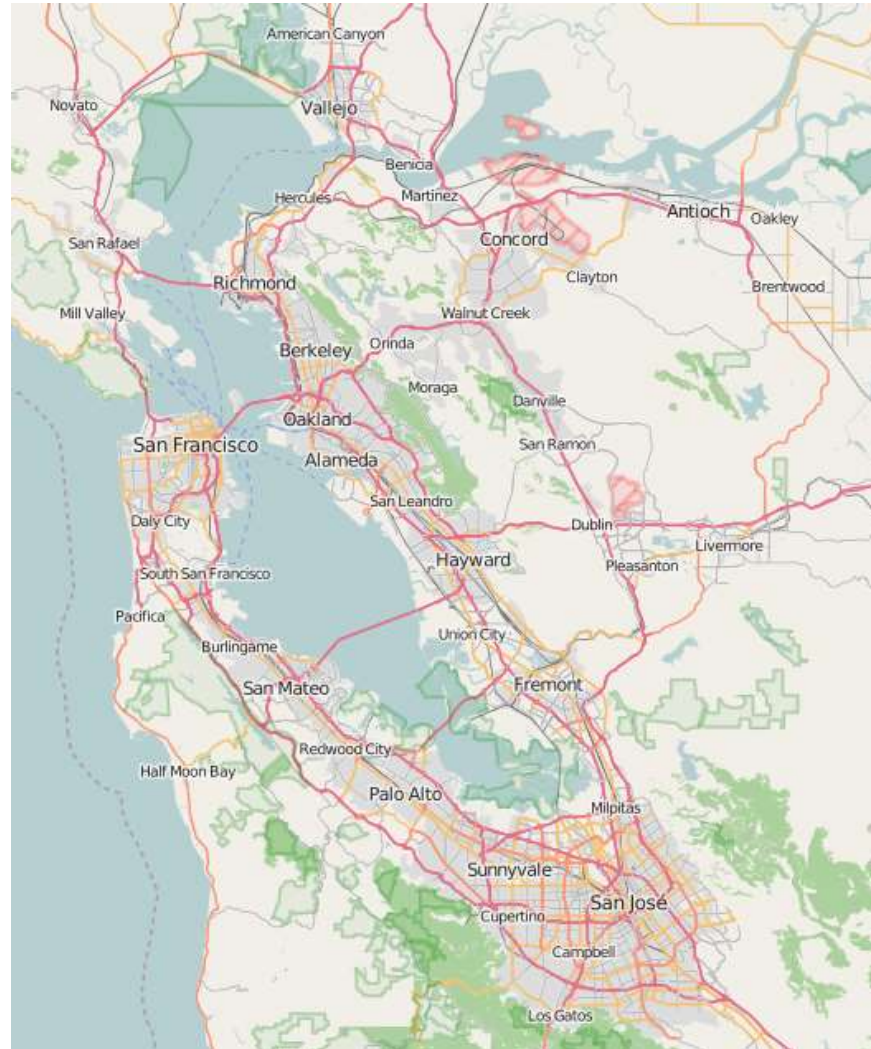
Representation matters



Coming soon(-ish)



“Yes, I get the gist of it”

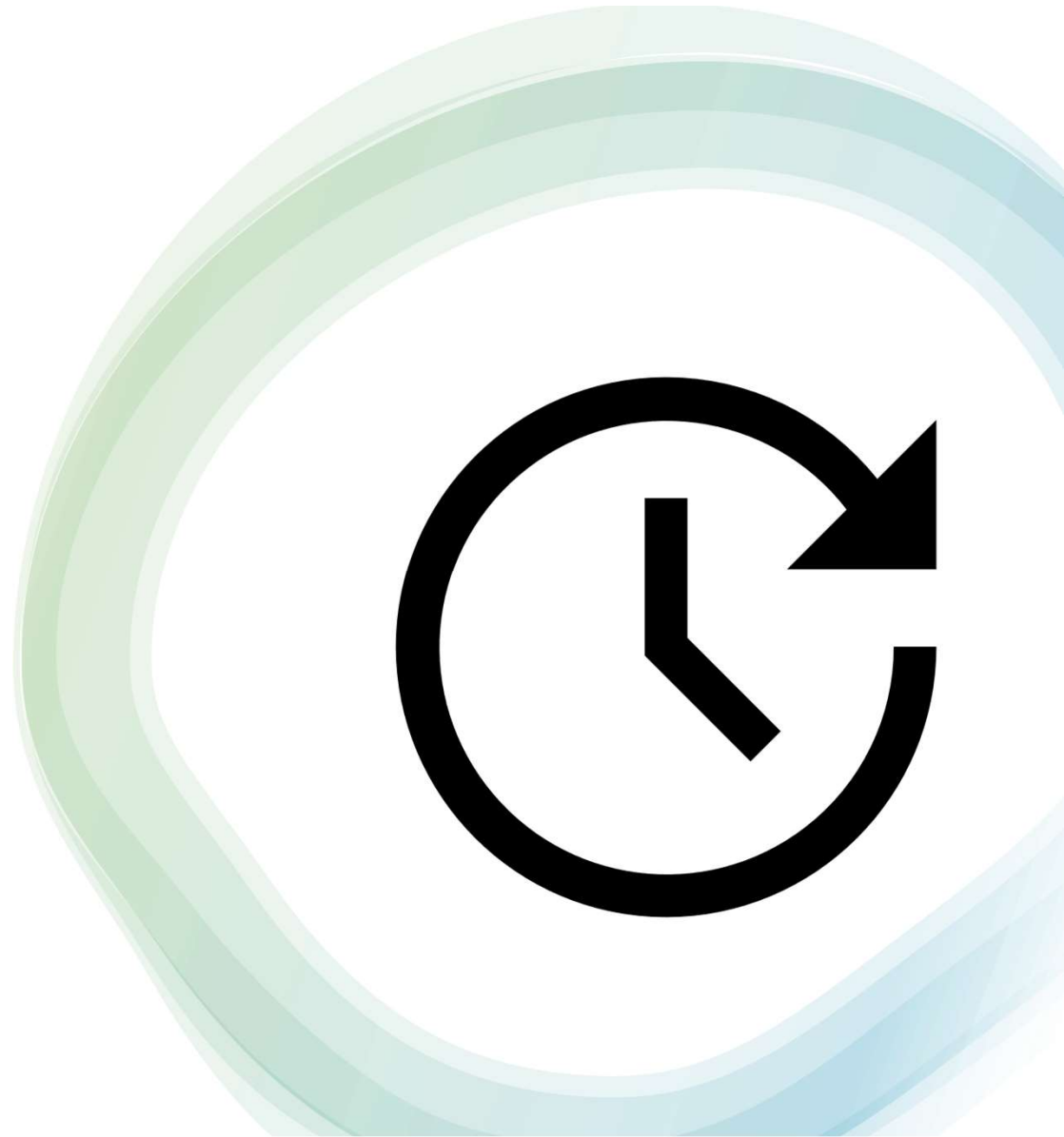


Physician training happens in all types of places

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“We will get by...”

- Spanish language access data
- Language use
- Intersectional outcomes
- Physicians with disabilities
- MENA
- Retirement
- Social needs
- PA/APRN prevalence & impact
- Pathology

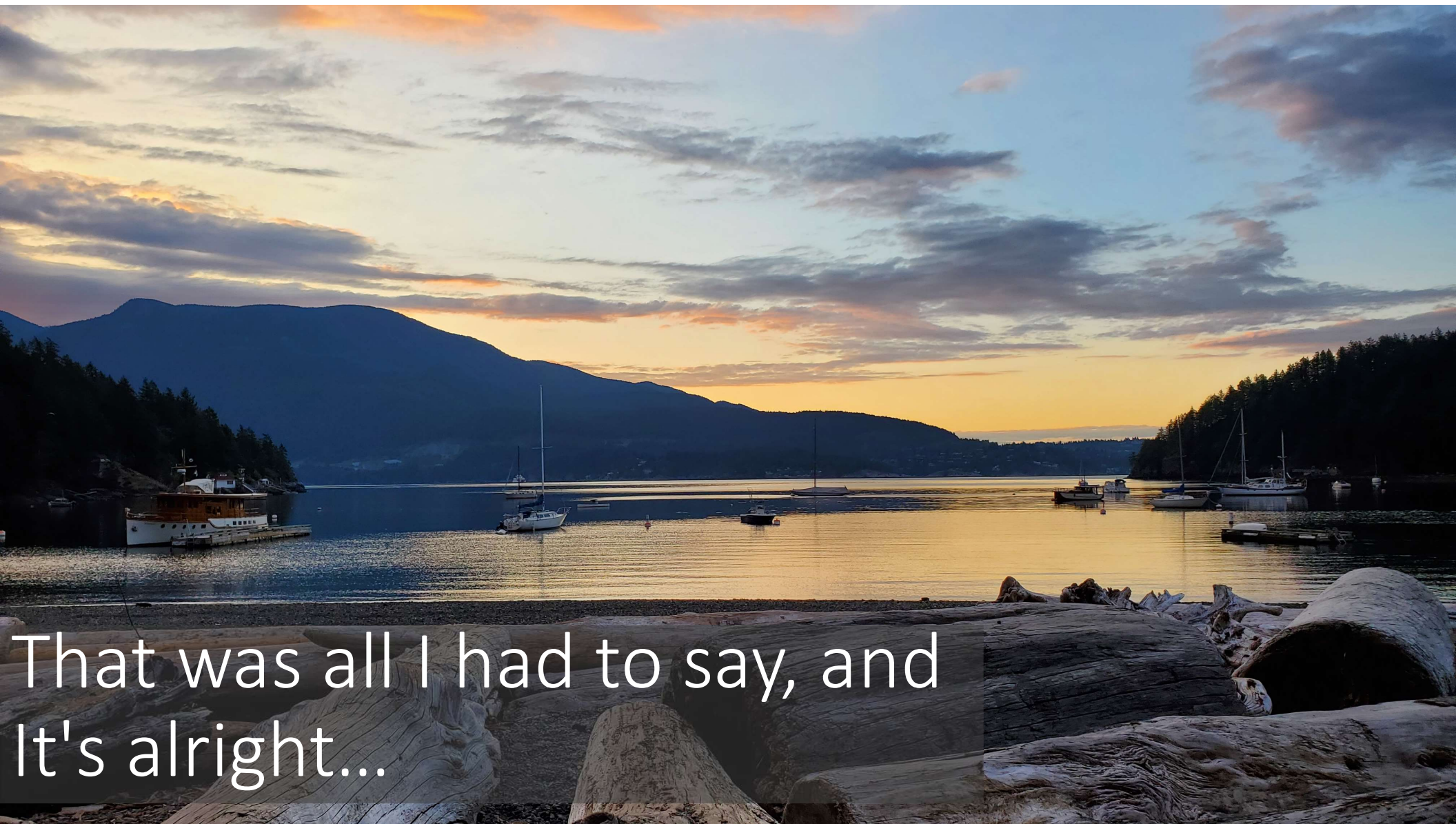




- Still a shortage
- We added some scenarios
- Inequity still growing
- COVID has driven up demand
- Physician workforce still aging, but not retiring in droves
- Burnout bad and getting worse
- Access to care is complicated, but so is life
- Representation matters
- Holistic solutions are good solutions
- AAMC's Workforce Studies team is doing really, really cool stuff

So what do we do?

- Grow GME
 - Remove barriers to care, step by step
 - Address systemic sources of burnout
 - Diversify the workforce (in an inclusive way)
-
- Continue to develop a more nuanced understanding of location choice
 - Continue to better understand what retirement means for physicians
 - Continue to try to understand how to make the house of medicine a place where everyone feels that they belong (physicians and patients)



That was all I had to say, and
It's alright...

Questions?





aamc.org/workforce