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

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“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

Source: ACGME Databook (various editions).
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)
A multifaceted shortage

- Current designations
- Projected
- With an eye to equity

Total Physician Shortfall (FTEs), 2021-2036

A multifaceted shortage

- Current designations
- Projected
- With an eye to equity

<table>
<thead>
<tr>
<th></th>
<th>Primary care specialties</th>
<th>Total non-primary care</th>
</tr>
</thead>
<tbody>
<tr>
<td>43,700</td>
<td></td>
<td>73,400</td>
</tr>
<tr>
<td>59,300</td>
<td></td>
<td>143,500</td>
</tr>
</tbody>
</table>

Everyone uses care as if they are:
- Insured
- Suburban

A high-level comparison

<table>
<thead>
<tr>
<th></th>
<th>2021 Report</th>
<th>2023 Report</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total physician shortage, projected, 2034 and 2036, respectively (top of range)</td>
<td>124,000</td>
<td>86,000</td>
</tr>
<tr>
<td>Physicians needed for Health Care Utilization Equity, 2019 and 2021, respectively (including race)</td>
<td>180,400</td>
<td>202,800</td>
</tr>
</tbody>
</table>
And now for something completely different...
Projections based on reality perform better.

There’s room for improvement.

Source: AAMC Research and Action Institute.

ISSUE BRIEF

Why Health Workforce Projections Are Worth Doing

The Institute’s inaugural Fellow in Residence, Gaetano Forte, describes the promise, limitations, and future work needed to improve workforce projections.
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?

- THIS PAGE INTENTIONALLY BLANK TO PROTECT FUTURE PUBLICATION RIGHTS.
Looking at structure more explicitly
We Can Compare Simulation Results to Historical Data

**Students**

- AAMC data
- Model Status Quo

**Residents**

- ACGME data
- Model Status Quo
Population Need
- Clinically indicated care
  - U.S. population
  - Clinical guidelines
  - Population flows
  - Health status, disease trends

Perceived Need
- Desired care and preferences
  - Patient expectations
  - Provider expectations

Pursuit of Care
- Care actively sought
  - Insurance coverage
  - Proximity to care

Utilization
- Care provided
  - Emergency care
  - Primary care
  - Specialty care
• THIS SECTION INTENTIONALLY BLANK DUE TO PRELIMINARY NATURE OF PROJECTION
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

Key data & trends

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Representation matters

Coming soon(-ish)
For PAs & NPs, growth

Employment of NPs & PAs, 2021 and 2031

Source: BLS, Employment Projections.
United States Population

Source: https://www.macrotrends.net/countries/USA/united-states/population
COVID is deadly

Total deaths in each week in the U.S., March 28, 2020-December 31, 2022

We Have Not Bounced Back from COVID

![Life Expectancy at Birth in Years, by Race/Ethnicity, 2006-2021](chart.png)

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
Key data & trends

Access & distribution

Representation matters

Physician workforce projections

Supply factors

“I see you got your list out”
“Oh, well, a touch of grey”

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Source: AAMC analysis of AMA PPD.
Percent Physicians Over Age 65

Source: AAMC analysis of AMA PPD.

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Great Resignation… What Great Resignation?

Physicians who left their jobs for another occupation or stopped working entirely

“Say your piece and get out”

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

• THIS PAGE INTENTIONALLY BLANK TO PROTECT FUTURE PUBLICATION RIGHTS.
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.
Where does all the time go?

- Patient care: 82%
- Combined patient care and teaching: 8%
- Teaching: 2%
- Research: 1%
- Administration: 6%
- Other: 1%

- In-person, direct care: 66%
- Indirect patient care: 9%
- Clinical documentation, phone calls, insurance companies: 25%
Only about half of physicians’ time goes to in-person, direct patient care.

\[
\begin{align*}
82\% \text{ patient care} \\
\times \\
66\% \text{ in-person direct care} \\
= \\
54\% \text{ time in-person, direct patient care}
\end{align*}
\]
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

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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**Total Physicians by Specialty**

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

### United States and its Territories, 2023

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Specialties</td>
<td>989,320</td>
</tr>
<tr>
<td>Allergy and Immunology</td>
<td>5,133</td>
</tr>
<tr>
<td>Anesthesiology</td>
<td>42,888</td>
</tr>
<tr>
<td>Cardiovascular Disease</td>
<td>22,804</td>
</tr>
<tr>
<td>Child and Adolescent Psychiatry</td>
<td>10,585</td>
</tr>
<tr>
<td>Clinical Cardiac Electrophysiology</td>
<td>2,838</td>
</tr>
<tr>
<td>Clinical Neurophysiology</td>
<td>12,599</td>
</tr>
<tr>
<td>Critical Care Medicine</td>
<td>15,599</td>
</tr>
<tr>
<td>Dermatology</td>
<td>13,201</td>
</tr>
<tr>
<td>Emergency Medicine</td>
<td>49,079</td>
</tr>
<tr>
<td>Endocrinology, Diabetes and Metabolism</td>
<td>8,677</td>
</tr>
<tr>
<td>Family Medicine/General Practice</td>
<td>121,753</td>
</tr>
<tr>
<td>Gastroenterology</td>
<td>16,478</td>
</tr>
<tr>
<td>General Surgery</td>
<td>26,213</td>
</tr>
<tr>
<td>Geriatric Medicine</td>
<td>16,411</td>
</tr>
<tr>
<td>Hematology and Oncology</td>
<td>17,637</td>
</tr>
<tr>
<td>Hospice and Palliative Medicine</td>
<td>2,825</td>
</tr>
<tr>
<td>Infectious Disease</td>
<td>10,401</td>
</tr>
<tr>
<td>Internal Medicine</td>
<td>124,088</td>
</tr>
<tr>
<td>Internal Medicine/Pediatrics</td>
<td>16,088</td>
</tr>
</tbody>
</table>

Source: American Medical Association. AMA Physician Professional Data (Dec. 31, 2023)

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# Total Physicians by Specialty

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## United States and its Territories, 2023

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Physicians</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neuroradiology</td>
<td>20,008</td>
</tr>
<tr>
<td>Obstetrics and Gynecology</td>
<td>43,630</td>
</tr>
<tr>
<td>Ophthalmology</td>
<td>19,827</td>
</tr>
<tr>
<td>Orthopedic Surgery</td>
<td>19,281</td>
</tr>
<tr>
<td>Otolaryngology</td>
<td>10,109</td>
</tr>
<tr>
<td>Pain Medicine and Pain Management</td>
<td>6,778</td>
</tr>
<tr>
<td>Pathology</td>
<td>21,215</td>
</tr>
<tr>
<td>Pediatric Anesthesiology (Anesthesiology)</td>
<td>3,034</td>
</tr>
<tr>
<td>Pediatric Cardiology</td>
<td>3,266</td>
</tr>
<tr>
<td>Pediatric Critical Care Medicine</td>
<td>3,099</td>
</tr>
<tr>
<td>Pediatric Hematology/Oncology</td>
<td>3,457</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>61,638</td>
</tr>
<tr>
<td>Physical Medicine and Rehabilitation</td>
<td>9,961</td>
</tr>
<tr>
<td>Plastic Surgery</td>
<td>17,548</td>
</tr>
<tr>
<td>Preventive Medicine</td>
<td>6,647</td>
</tr>
<tr>
<td>Psychiatry</td>
<td>39,621</td>
</tr>
<tr>
<td>Pulmonary Disease</td>
<td>4,734</td>
</tr>
<tr>
<td>Radiation Oncology</td>
<td>5,662</td>
</tr>
<tr>
<td>Radiology and Diagnostic Radiology</td>
<td>28,419</td>
</tr>
<tr>
<td>Rheumatology</td>
<td>6,741</td>
</tr>
</tbody>
</table>

Total Physicians in **Pathology**: 21,215

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

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Physicians by State or Territory and Specialty

To view data, hover over a state or territory. Select a state or territory to display a detailed view of the data.

To view these data as a chart, select "Chart View." For more information select, "How to Use This Map."

All Specialties, 2023

Total Physicians

- 22: 118,491

Specialty

- All Specialties
- Allergy & Immunology
- Anesthesiology
- Cardiovascular Disease
- Child & Adolescent Psychiatry
- Clinical Cardiac Electrophysiology
- Clinical Neurophysiology
- Critical Care Medicine
- Dermatology
- Emergency Medicine
- Endocrinology, Diabetes & Metabolic Disease
- Family Medicine/General Practice
- Gastroenterology
- General Surgery
- Genitourinary Medicine
- Hematology & Oncology
- Hospice & Palliative Medicine
- Infectious Disease
- Internal Medicine
- Internal Medicine/Pediatrics
- Interventional Cardiology
- Neonatal-Perinatal Medicine
- Nephrology
- Neurological Surgery
- Neurology
- Neuroradiology

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


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# Physicians by State or Territory and Specialty

To view data for a different geographic region or specialty, select from the menus to the right.
To return to the map view, select "Return to Map."

<table>
<thead>
<tr>
<th>State or Territory</th>
<th>All Specialties, 2022</th>
</tr>
</thead>
<tbody>
<tr>
<td>U.S. Total</td>
<td>989,320</td>
</tr>
<tr>
<td>California</td>
<td>118,491</td>
</tr>
<tr>
<td>New York</td>
<td>78,362</td>
</tr>
<tr>
<td>Texas</td>
<td>70,589</td>
</tr>
<tr>
<td>Florida</td>
<td>62,202</td>
</tr>
<tr>
<td>Pennsylvania</td>
<td>43,739</td>
</tr>
<tr>
<td>Illinois</td>
<td>38,253</td>
</tr>
<tr>
<td>Ohio</td>
<td>36,757</td>
</tr>
<tr>
<td>Massachusetts</td>
<td>33,530</td>
</tr>
<tr>
<td>Michigan</td>
<td>30,888</td>
</tr>
<tr>
<td>North Carolina</td>
<td>29,042</td>
</tr>
<tr>
<td>New Jersey</td>
<td>28,299</td>
</tr>
<tr>
<td>Georgia</td>
<td>26,318</td>
</tr>
<tr>
<td>Maryland</td>
<td>24,517</td>
</tr>
<tr>
<td>Virginia</td>
<td>23,917</td>
</tr>
<tr>
<td>Washington</td>
<td>22,772</td>
</tr>
<tr>
<td>Missouri</td>
<td>19,228</td>
</tr>
<tr>
<td>Arizona</td>
<td>18,942</td>
</tr>
<tr>
<td>Minnesota</td>
<td>18,476</td>
</tr>
<tr>
<td>Tennessee</td>
<td>18,414</td>
</tr>
<tr>
<td>Colorado</td>
<td>17,896</td>
</tr>
<tr>
<td>Wisconsin</td>
<td>16,759</td>
</tr>
<tr>
<td>Indiana</td>
<td>16,466</td>
</tr>
</tbody>
</table>

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## Physicians by State or Territory and Specialty

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### All Specialties, 2022

<table>
<thead>
<tr>
<th>State or Territory</th>
<th>2022</th>
</tr>
</thead>
<tbody>
<tr>
<td>California</td>
<td>118,491</td>
</tr>
<tr>
<td>Washington</td>
<td>22,772</td>
</tr>
<tr>
<td>Arizona</td>
<td>18,942</td>
</tr>
<tr>
<td>Colorado</td>
<td>17,896</td>
</tr>
<tr>
<td>Oregon</td>
<td>13,420</td>
</tr>
<tr>
<td>Utah</td>
<td>17,612</td>
</tr>
<tr>
<td>Nevada</td>
<td>6,921</td>
</tr>
<tr>
<td>New Mexico</td>
<td>5,432</td>
</tr>
<tr>
<td>Hawaii</td>
<td>4,592</td>
</tr>
<tr>
<td>Idaho</td>
<td>3,723</td>
</tr>
<tr>
<td>Montana</td>
<td>2,647</td>
</tr>
<tr>
<td>Alaska</td>
<td>2,152</td>
</tr>
<tr>
<td>Wyoming</td>
<td>1,265</td>
</tr>
</tbody>
</table>

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

Hawaii Physicians in All Specialties, 2022

<table>
<thead>
<tr>
<th>Category</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Physicians</td>
<td>4,592</td>
</tr>
<tr>
<td>Percentage Female</td>
<td>37.7%</td>
</tr>
<tr>
<td>Percentage Aged 65 and Older</td>
<td>26.8%</td>
</tr>
<tr>
<td>Percentage Under Age 40</td>
<td>12.7%</td>
</tr>
</tbody>
</table>

Physicians by Medical School Location

- U.S. Medical School: 85.1%
- International Medical School: 13.7%
- Canadian Medical School: 1.2%
- Unknown: 0.0%

Physicians by Race/Ethnicity

- American Indian or Alaska Native: 0.3%
- Asian: 42.4%
- Black or African American: 1.6%
- Hispanic or Latinx (alone or with any race): 3.4%
- Multiracial (non-Hispanic): 4.6%
- Native Hawaiian or Pacific Islander: 1.6%
- Other: 1.3%
- Unknown: 9.5%
- White: 35.2%

U.S. Medical School Graduates by Degree Type

- U.S. MDs: 92.9%
- U.S. DOs: 7.1%

Physicians by Major Professional Activity

- Office-based Practice: 68.6%
- Hospital-based Full-Time: 17.1%
- Not Classified: 9.4%
- Administration: 1.9%
- Medical Teaching: 1.0%
- Research: 0.9%
- Other: 0.7%
- Locum Tenens: ***
To view data for a different state or territory or specialty, select "Return to Map."

**Hawaii Physicians in Emergency Medicine, 2022**

<table>
<thead>
<tr>
<th>Total Physicians</th>
<th>294</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent Female</td>
<td>25.9%</td>
</tr>
<tr>
<td>Percent Aged 65 and Older</td>
<td>20.4%</td>
</tr>
<tr>
<td>Percent Under Age 40</td>
<td>11.9%</td>
</tr>
</tbody>
</table>

**Physicians by Medical School Location**

- U.S. Medical School: 94.9%
- Unknown: 0.0%
- International Medical School: ***
- Canadian Medical School: ***

**Physicians by Race/Ethnicity**

- American Indian or Alaska Native: 0.0%
- Asian: 22.1%
- Black or African American: ***
- Hispanic, Latino, or of Spanish Origin: 5.1%
- Multiracial (non-Hispanic): 4.4%
- Native Hawaiian or Other Pacific Islander: ***
- Other: ***
- Unknown: 7.8%
- White: 56.5%

**U.S. Medical School Graduates by Degree Type**

- U.S. MDs: 86.2%
- U.S. DOs: 11.8%

**Physicians by Major Professional Activity**

- Office-Based Practice: 58.8%
- Hospital-Based Full-Time: 35.7%
- Research: 0.0%
- Other: 0.0%
- Medical Teaching: 0.0%
- Locum Tenens: 0.0%
- Not Classified: ***
- Administration: ***

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## Compare Physician Data by State or Territory and Specialty

### Georgia
**All Specialties, 2023**
**Total Physicians: 26,315**

**Physicians by Race/Ethnicity**

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Georgia</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Indian or Alaska Native</td>
<td>0.2%</td>
</tr>
<tr>
<td>Asian</td>
<td>17.1%</td>
</tr>
<tr>
<td>Black or African American</td>
<td>16.6%</td>
</tr>
<tr>
<td>Hispanic, Latino, or of Spanish Origin (alone or in combination)</td>
<td>4.1%</td>
</tr>
<tr>
<td>Multiracial (non-Hispanic)</td>
<td>1.1%</td>
</tr>
<tr>
<td>Native Hawaiian or Other Pacific Islander</td>
<td>0.1%</td>
</tr>
<tr>
<td>Other</td>
<td>0.8%</td>
</tr>
<tr>
<td>Unknown</td>
<td>8.7%</td>
</tr>
<tr>
<td>White</td>
<td>81.5%</td>
</tr>
</tbody>
</table>

### Maine
**All Specialties, 2023**
**Total Physicians: 4,581**

**Physicians by Race/Ethnicity**

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Maine</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Indian or Alaska Native</td>
<td>***</td>
</tr>
<tr>
<td>Asian</td>
<td>6.5%</td>
</tr>
<tr>
<td>Black or African American</td>
<td>1.6%</td>
</tr>
<tr>
<td>Hispanic, Latino, or of Spanish Origin (alone or in combination)</td>
<td>2.1%</td>
</tr>
<tr>
<td>Multiracial (non-Hispanic)</td>
<td>0.8%</td>
</tr>
<tr>
<td>Native Hawaiian or Other Pacific Islander</td>
<td>***</td>
</tr>
<tr>
<td>Other</td>
<td>0.7%</td>
</tr>
<tr>
<td>Unknown</td>
<td>7.5%</td>
</tr>
<tr>
<td>White</td>
<td>80.4%</td>
</tr>
</tbody>
</table>

*** 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 Rossie Kelly.
## Compare Physician Data by State or Territory and Specialty

**Georgia**

**Orthopedic Surgery, 2023**

**Total Physicians: 575**

### Physicians by Race/Ethnicity

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Indian or Alaska Native</td>
<td></td>
</tr>
<tr>
<td>Asian</td>
<td>6.6%</td>
</tr>
<tr>
<td>Black or African American</td>
<td>5.6%</td>
</tr>
<tr>
<td>Hispanic, Latino, or of Spanish Origin (alone or in combination)</td>
<td>2.6%</td>
</tr>
<tr>
<td>Multiracial (non-Hispanic)</td>
<td></td>
</tr>
<tr>
<td>Native Hawaiian or Other Pacific Islander</td>
<td>0.0%</td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
<tr>
<td>Unknown</td>
<td>8.7%</td>
</tr>
<tr>
<td>White</td>
<td>75.8%</td>
</tr>
</tbody>
</table>

**Georgia**

**Family Medicine/General Practice, 2023**

**Total Physicians: 3,125**

### Physicians by Race/Ethnicity

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Indian or Alaska Native</td>
<td></td>
</tr>
<tr>
<td>Asian</td>
<td>16.0%</td>
</tr>
<tr>
<td>Black or African American</td>
<td></td>
</tr>
<tr>
<td>Hispanic, Latino, or of Spanish Origin (alone or in combination)</td>
<td>23.2%</td>
</tr>
<tr>
<td>Multiracial (non-Hispanic)</td>
<td></td>
</tr>
<tr>
<td>Native Hawaiian or Other Pacific Islander</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>3.3%</td>
</tr>
<tr>
<td>Unknown</td>
<td>8.9%</td>
</tr>
<tr>
<td>White</td>
<td>46.6%</td>
</tr>
</tbody>
</table>

---

**Notes:**

- **American Indian or Alaska Native:**
- **Asian:**
- **Black or African American:**
- **Hispanic, Latino, or of Spanish Origin (alone or in combination):**
- **Multiracial (non-Hispanic):**
- **Native Hawaiian or Other Pacific Islander:**
- **Other:**
- **Unknown:**
- **White:**

---

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

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**Created by Rosalie Kelly.**

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**Images:**

- [American Medical Association](http://www.aamc.org)
- [AAMC](http://www.aamc.org)
Compare Physician Data by State or Territory and Specialty

Select states or territories to compare:
- Georgia

Select specialties to compare:
- Hospice and Palliative Medicine
- 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

**Georgia**

Hospice and Palliative Medicine, 2023
Total Physicians: 72

Physicians by Sex

- Female: 81.9%
- Male: 18.1%
- Missing: 0.0%

**Georgia**

Urology, 2023
Total Physicians: 295

Physicians by Sex

- Female: 10.8%
- Male: 89.2%
- Missing: 0.0%

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

Source: American Medical Association, AMA Physician Professional Data (Dec. 31, 2023)

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Compare Physician Data by State or Territory and Specialty

Select states or territories to compare:
- North Dakota
- Oregon

Select specialties to compare:
- 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.

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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

- Urban: 16.5%
- Suburban: 12.3%
- Rural: 14.9%

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 be seen?

Source: AAMC Consumer Survey of Health Care Access
There are differences in access by type of care

<table>
<thead>
<tr>
<th></th>
<th>Seen same day when needed</th>
<th>Appointment gap (median)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Generalist</td>
<td>76%</td>
<td>2 days</td>
</tr>
<tr>
<td>Specialist</td>
<td>64%</td>
<td>3 days</td>
</tr>
</tbody>
</table>

Source: AAMC Consumer Survey of Health Care Access
Getting same day care is hardest for those seeking specialty care in rural areas

Source: AAMC Consumer Survey of Health Care Access
The greatest delays in getting care are for those seeking specialty care in urban areas.

Source: AAMC Consumer Survey of Health Care Access
The distribution story is complex

- THIS PAGE INTENTIONALLY BLANK TO PROTECT DATA RIGHTS.

Source: AAMC analysis of AMA PPD; US Census Bureau.
The distribution story is complex.

Source: AAMC analysis of AMA PPD.
What about the places that do need more physicians?
Why Do Physicians Move Where They Do?

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

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

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

Source: AMA Physician Professional Data, AMA Year 2022.
Maybe there is more at work here...
Physician workforce projections

Key data & trends

Access & distribution

Representation matters

Coming soon(-ish)
Access to care differs by race

- Native Hawaiian or Other Pacific Islander, 50%
- Asian, 26%
- Hispanic, 25%
- American Indian or Alaska Native, 23%
- Hispanic (alone or in combination), 22%
- Black or African American, 17%
- White, 10%

Pct. Not always able to get care, 2022

Race, place, and access to care

Pct. Not always able to get care, 2022

Native Hawaiian or other Pacific Islander
Middle Eastern or North African
Asian
Hispanic
American Indian or Alaska Native
Black or African American
More than one race, non-Hispanic
Urban
Rural
Suburban
White

Access is complex

- What if we look at race by place?

<table>
<thead>
<tr>
<th>Best access (lowest percent not always able to get care)</th>
<th>Worst access (highest percent not always able to get care)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other</td>
<td>Native Hawaiian or Pacific Islander</td>
</tr>
<tr>
<td>Rural</td>
<td>Rural</td>
</tr>
<tr>
<td>More than one race</td>
<td>Native Hawaiian or Pacific Islander</td>
</tr>
<tr>
<td>Rural</td>
<td>Asian</td>
</tr>
<tr>
<td>Suburban</td>
<td>Rural</td>
</tr>
<tr>
<td>White</td>
<td>Native Hawaiian or Pacific Islander</td>
</tr>
<tr>
<td>Suburban</td>
<td>Suburban</td>
</tr>
<tr>
<td>More than one race</td>
<td>American Indian or Alaska Native</td>
</tr>
<tr>
<td>Urban</td>
<td>Urban</td>
</tr>
<tr>
<td>White</td>
<td>Native Hawaiian or Pacific Islander</td>
</tr>
<tr>
<td>Urban</td>
<td>Urban</td>
</tr>
</tbody>
</table>
The distribution story is complex

Source: AAMC analysis of AMA PPD.
Designated primary care shortages
Where are the (designated) shortages concentrated?

Source: US Census.
Where are the (designated) shortages concentrated?

Source: US Census.
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

  ✓ 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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Source: AAMC analysis of AMA PPD.
• THIS PAGE INTENTIONALLY BLANK TO PROTECT DATA RIGHTS.
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:


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
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?