

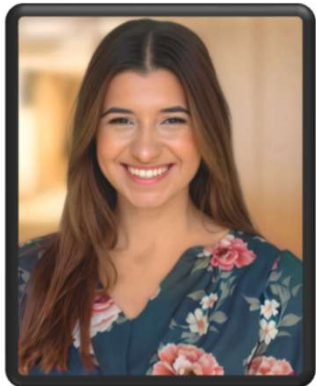
Annual Address on the State of the Physician Workforce

Michael Dill

Director, Workforce Studies

November 2, 2025

AAMC's Workforce Studies Team



I have some things to say

Good News

Production

Debt

Well-being

Access

Usual source

Place

Cost

Projections

Shortage

National

State

Good News

Production

Debt

Well-being

Access

Usual source

Place

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State

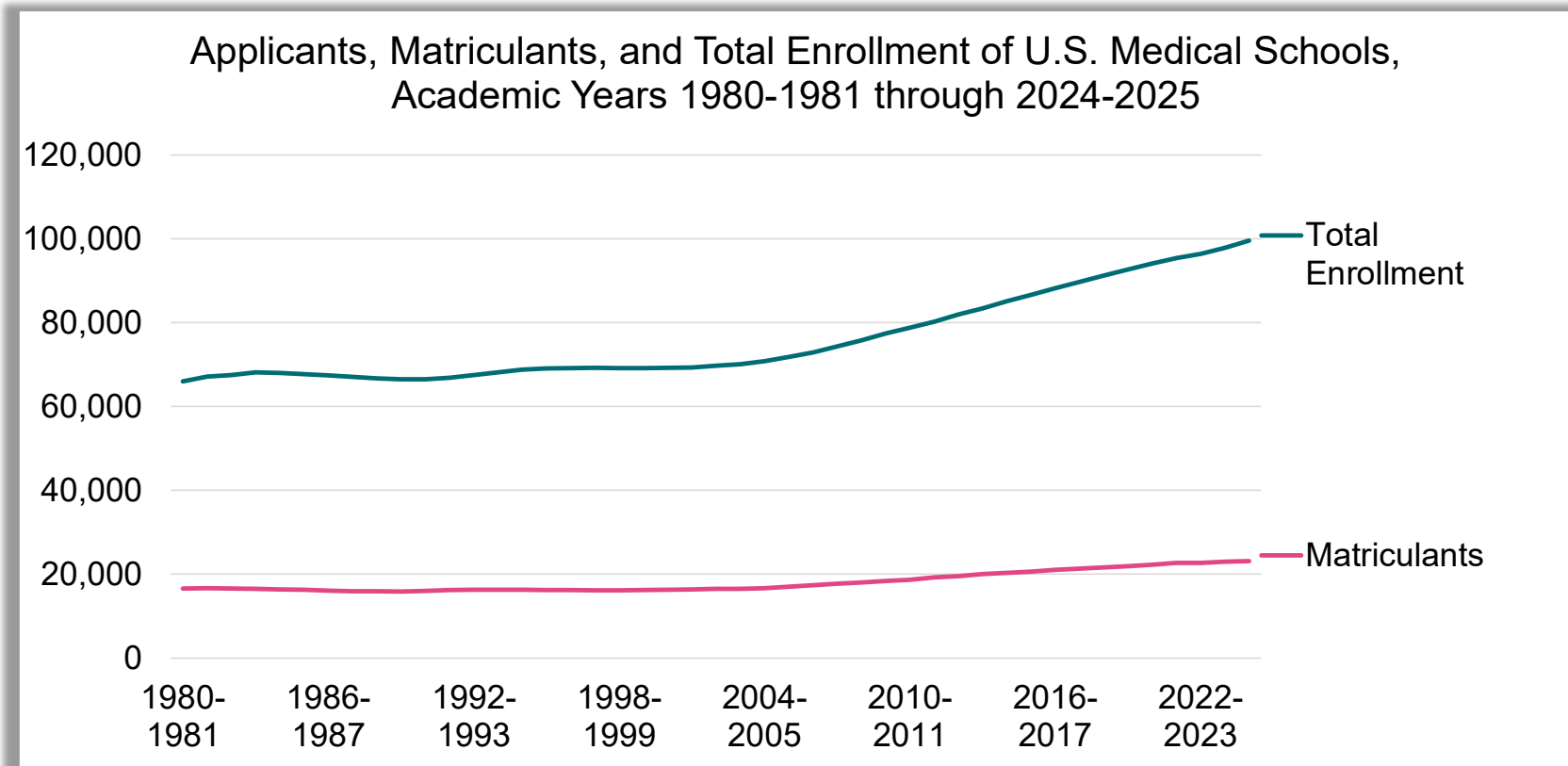
The call



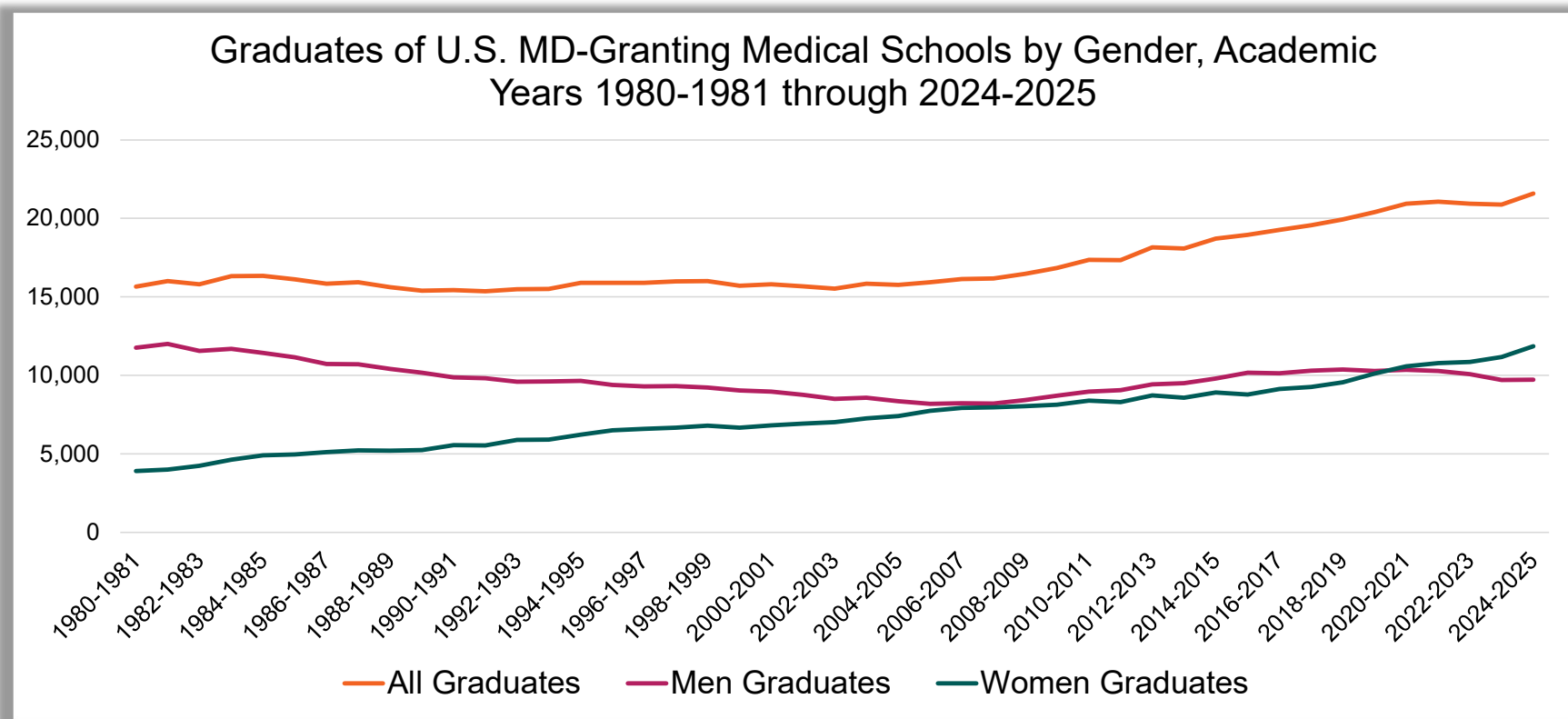
AAMC Statement on the Physician Workforce

June 2006

We did it!



We also did this



First Step Career Skills

The First Step Career Skills were created to reach K-12 students early in their educational journey and provide them with **knowledge needed to pursue a career in health care.**

The skills are based on the **AAMC Premed Competencies for Entering Medical Students**

With the input of the AAMC Early Learner Competency Resource Project Team and Working Group, subject matter experts, and generative AI, the original premed competencies were scaled back to be appropriate for **5-12 grade students.**



First Step Career Skills

These First Step Career Skills were created to reach K-12 students early in their educational journey and provide them with knowledge needed to pursue a career in health care. Oftentimes this knowledge is not available to all populations or is provided later in a student's education. The goal with these competencies is to give students the knowledge they need early so they can begin building skills that will help them pursue a medical career in the future.

The skills are based on the **AAMC Premed Competencies for Entering Medical Students**. With the input of the AAMC Early Learner Competency Resource Project Team and Working Group, subject matter experts, and generative AI, the original premed competencies were scaled back to be appropriate for 5-12 grade students. Read more about the career skills and how to talk about them with your students below.

Empathy and Compassion:

Understands and cares about how other people feel and what they are going through; is kind and thoughtful towards others; wants to help others and make them feel better

Showing Empathy and Compassion:

Everyone has feelings. Showing empathy and compassion means understanding those feelings in others and treating them kindly.

Think about it like this, if you were having a tough time, how would you want to be treated? Maybe you'd want someone to check in on you or offer a helping hand. Now think about how you would react if you saw someone feeling down or having a tough time. That's empathy and compassion.

Let's think about this in action!

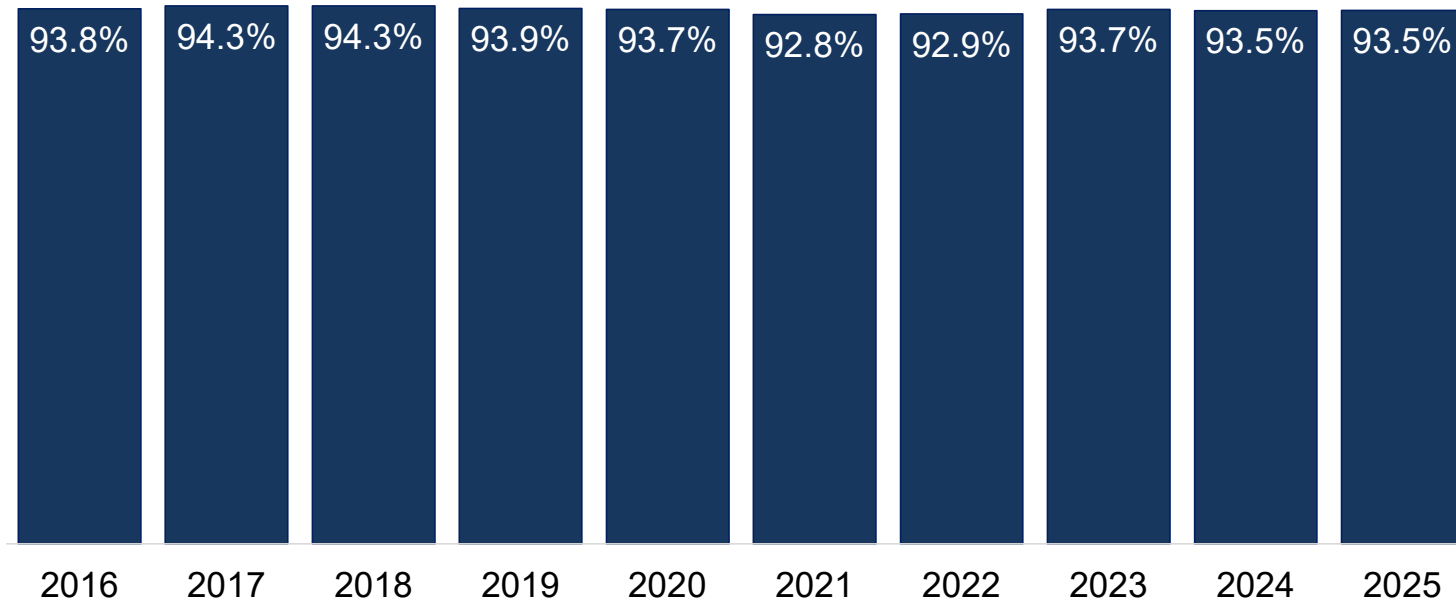
Say you spot someone crying in the hallway at school. Would you go up to them? If you do, think about how you'd want to be approached if you were feeling sad. Asking if they're OK or if they need anything can really make a difference.

Or think about a time you did something nice for someone out of the blue? Like holding the door open for someone carrying a lot of books or helping a friend with their homework when they're struggling? Those are acts of compassion!

© Association of American Medical Colleges

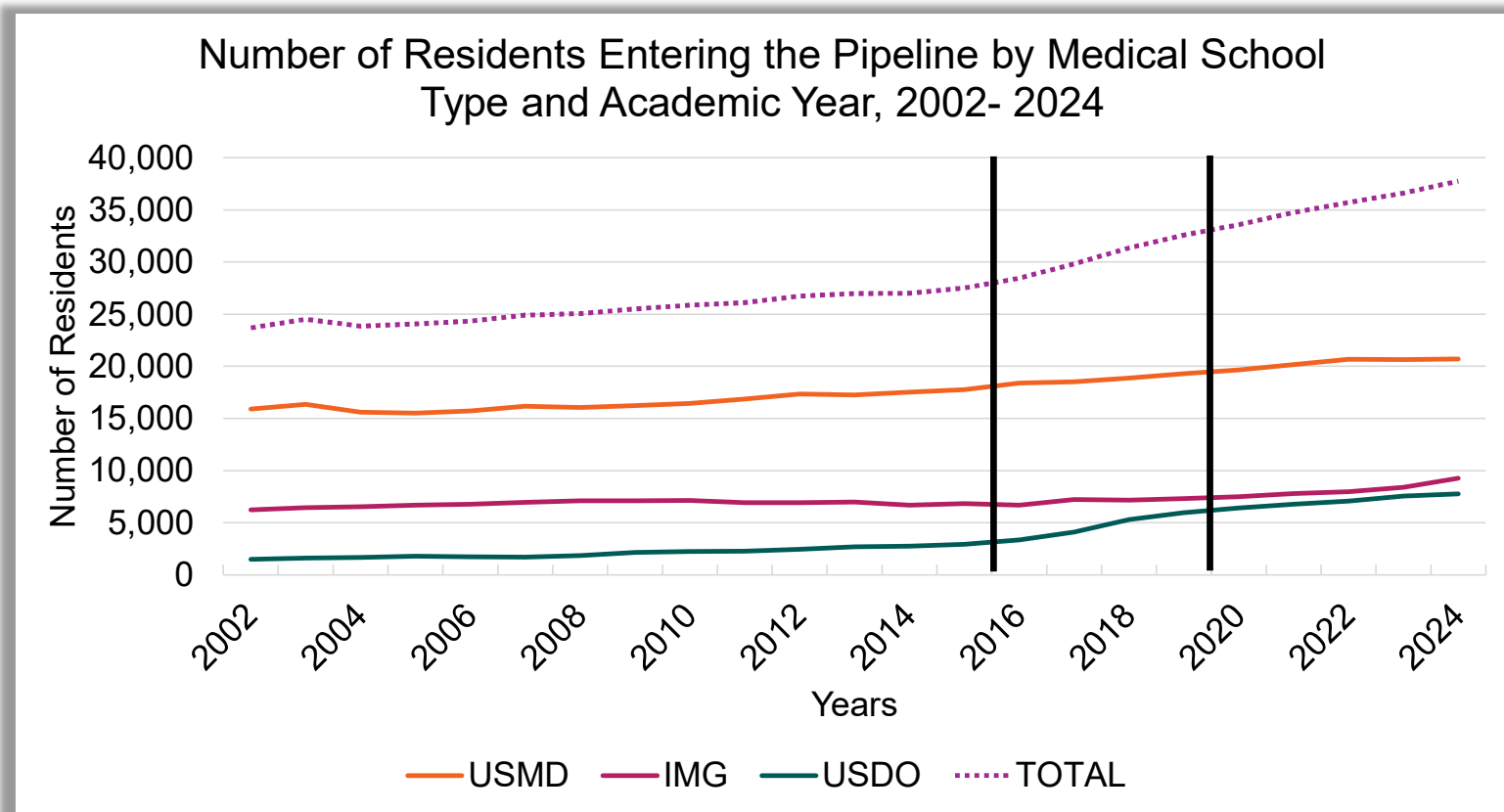
Contact: pathways@aamc.org

USMD Seniors consistently doing well in the Match

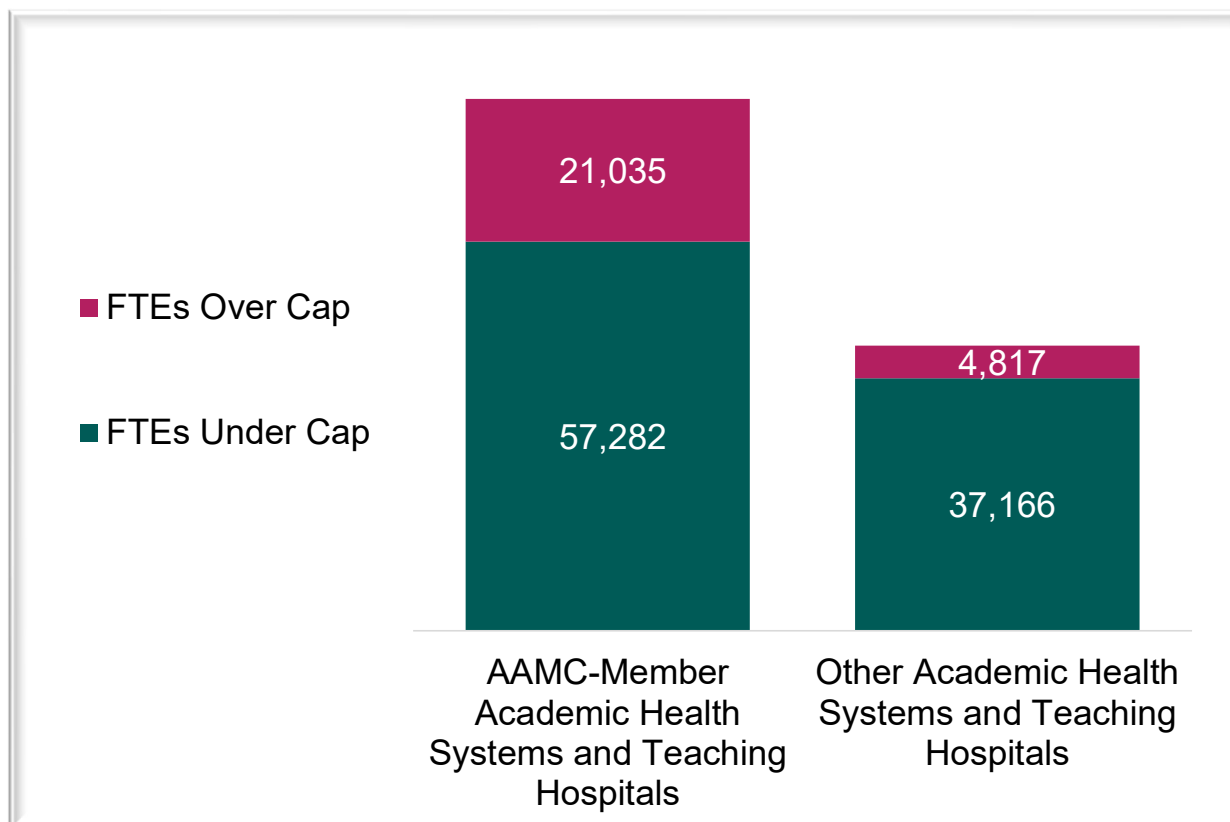


Percent of U.S. M.D. Senior Active Applicants Matched to PGY-1 positions, 2016 – 2025

With a little help from our friends



Academic Health Systems Committed to Academic Mission



AAMC Members
Account for Majority
of DGME Count over
the Cap
(81%)

What's New in Workforce Studies

Medical Education Debt – How Many Years To Fully Repay?

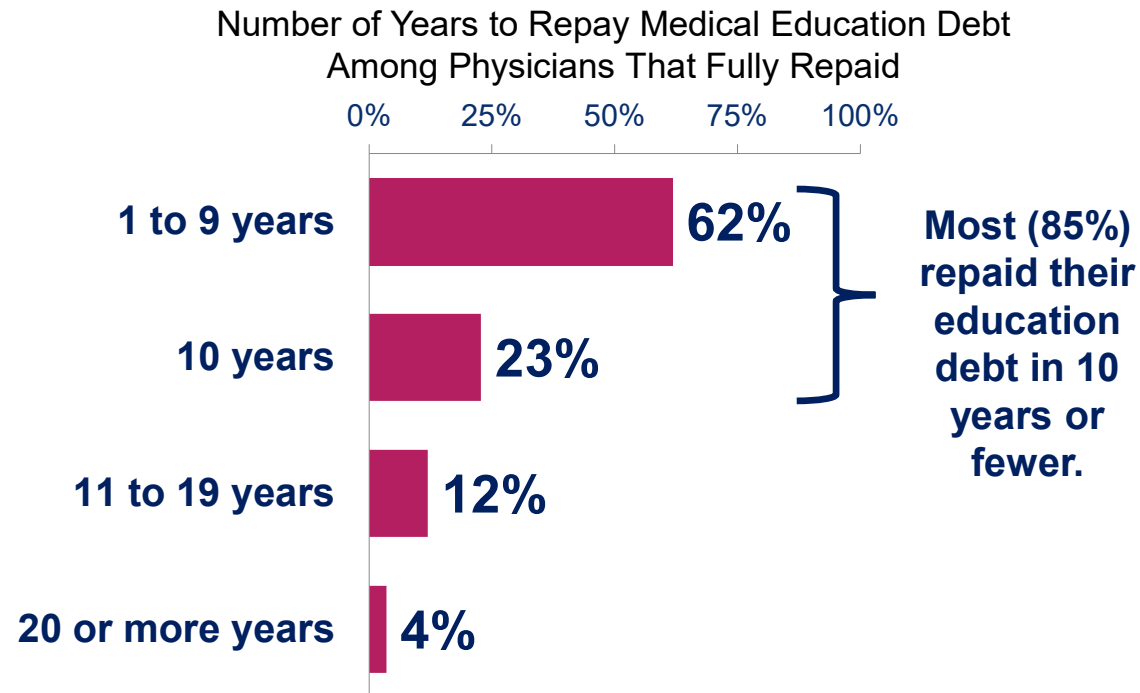
[This data snapshot](#) highlights changes in physicians' medical education debt and repayment environment over recent decades, and compares repayment durations across specialty groups.



aamc.org/workforce



How long does it take to pay off medical school debt, really?



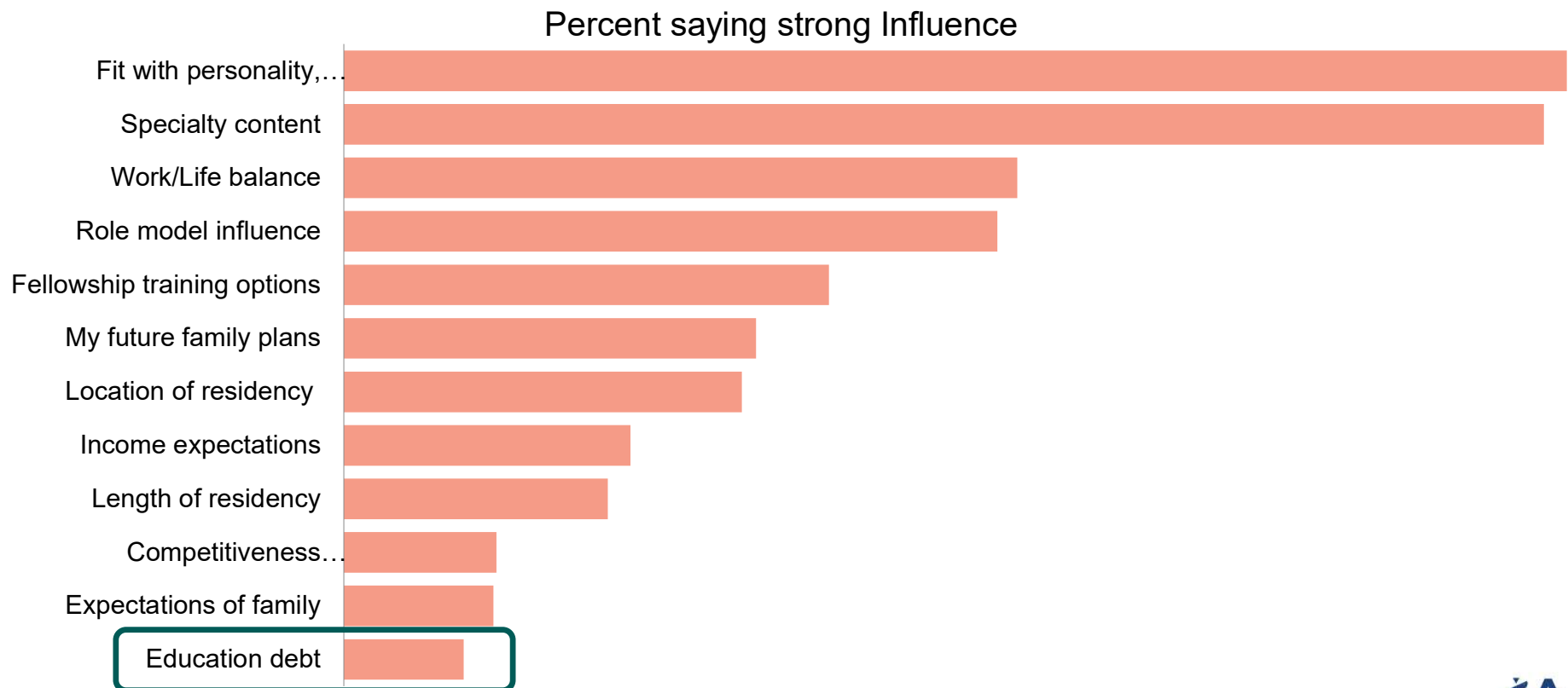
Not much variation by specialty group, either

No specialty group took more than 8.3 years, on average, to repay their medical education debt.

Average Number of Years to Fully Repay Medical Education Debt by Physician Specialty Group

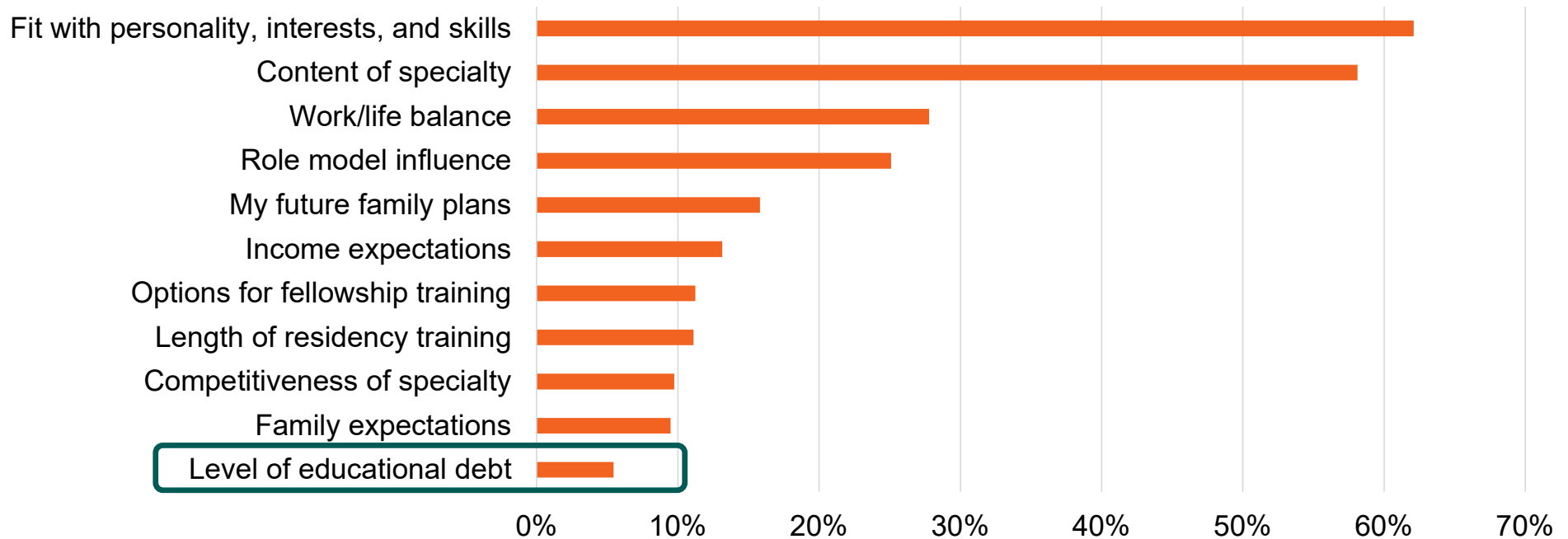
Specialty Group	Average Years
Medical Specialties	8.3
Primary Care	7.9
Surgery	7.4
Other	6.9

Fit and content matter most to graduating medical students

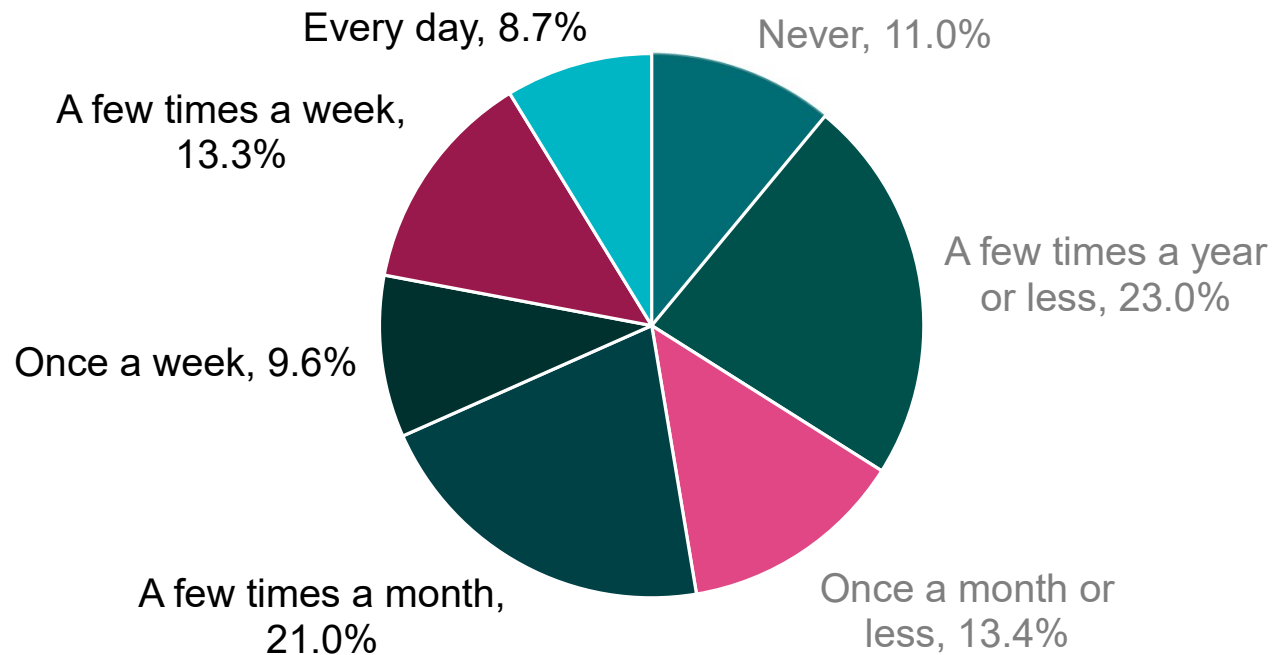


Fit and content mattered most to practicing physicians

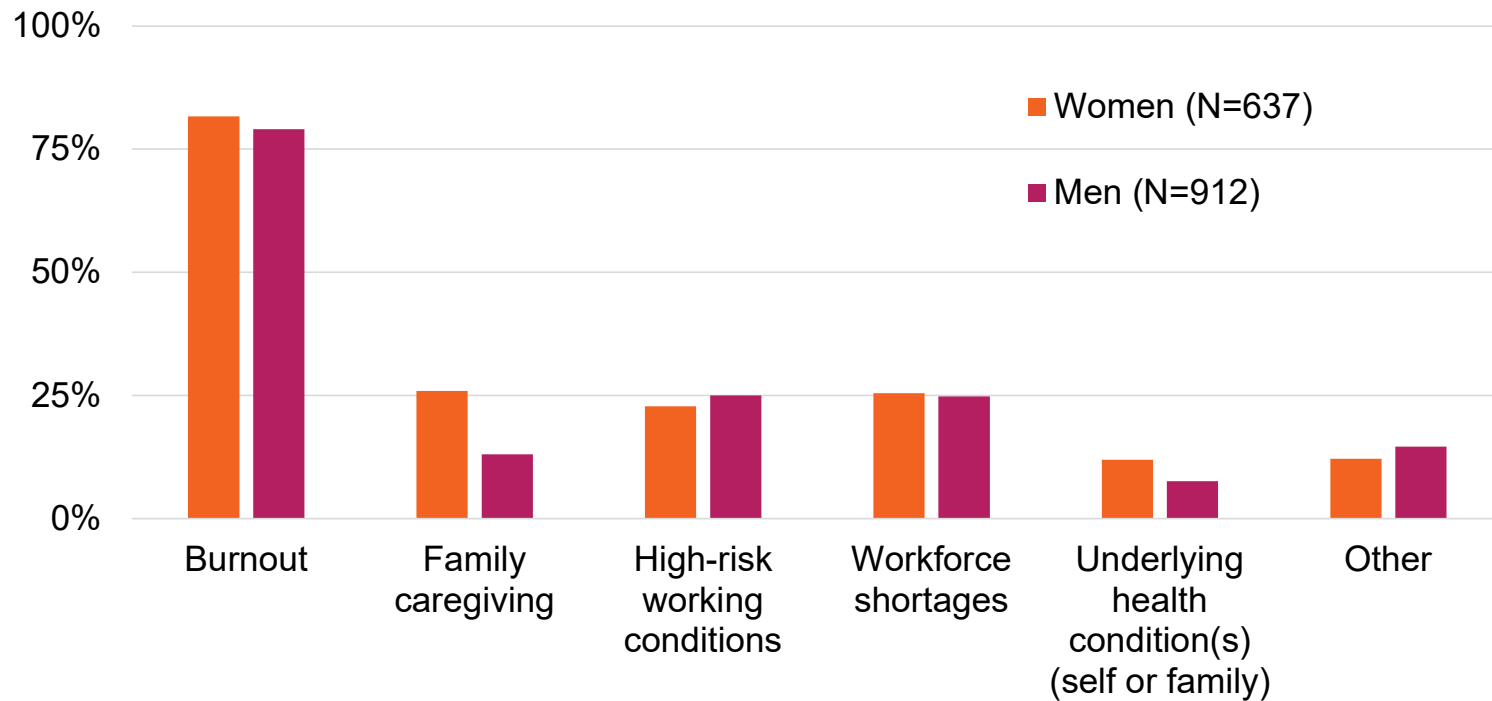
Strong influence on specialty choice



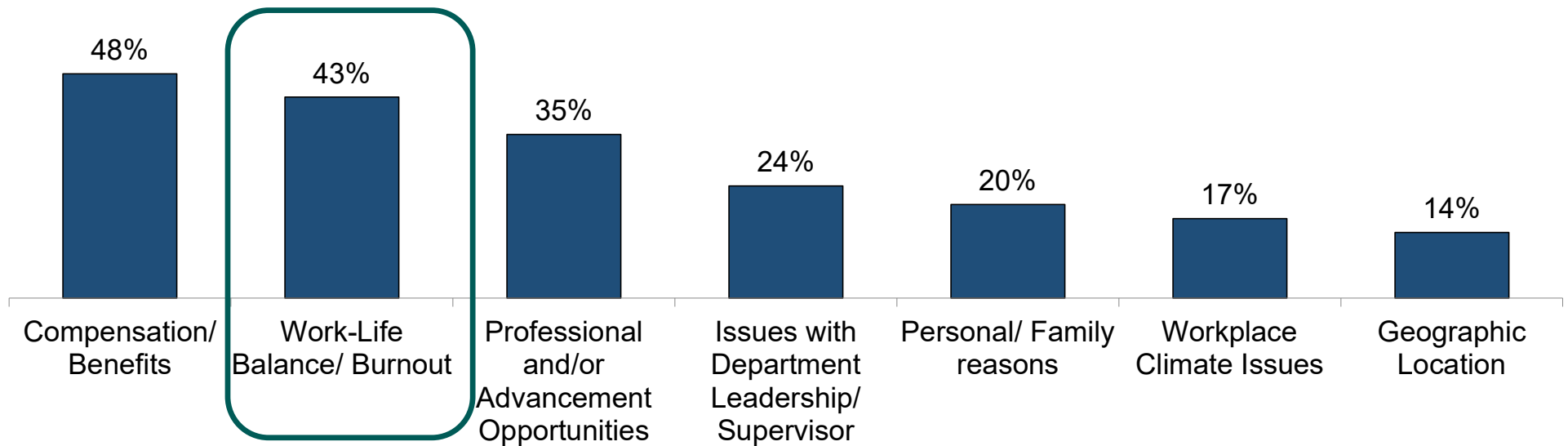
Burnout has been bad for a while



Burnout is the reason most cited for having considered leaving medicine



Work-life balance and burnout among the most frequently reported reasons among faculty for considering leaving their current institution



Burnout might be getting less bad

Burnout eases for doctors at every career stage as support rises

Jul 22, 2025

Work Remains, but Physician Burnout Rates Are Coming Down

PHYSICIAN HEALTH

U.S. physician burnout hits lowest rate since COVID-19

Exclusive AMA data shows doctor burnout has fallen below 45%, but the job isn't done. Health systems continue to work with the AMA to reduce burnout.

By [Sara Berg, MS](#), News Editor

May 1, 2025 | 7 Min Read

Job stress down, satisfaction up

Good News

Production

Debt

Well-being

Access

Usual source

Place

Cost

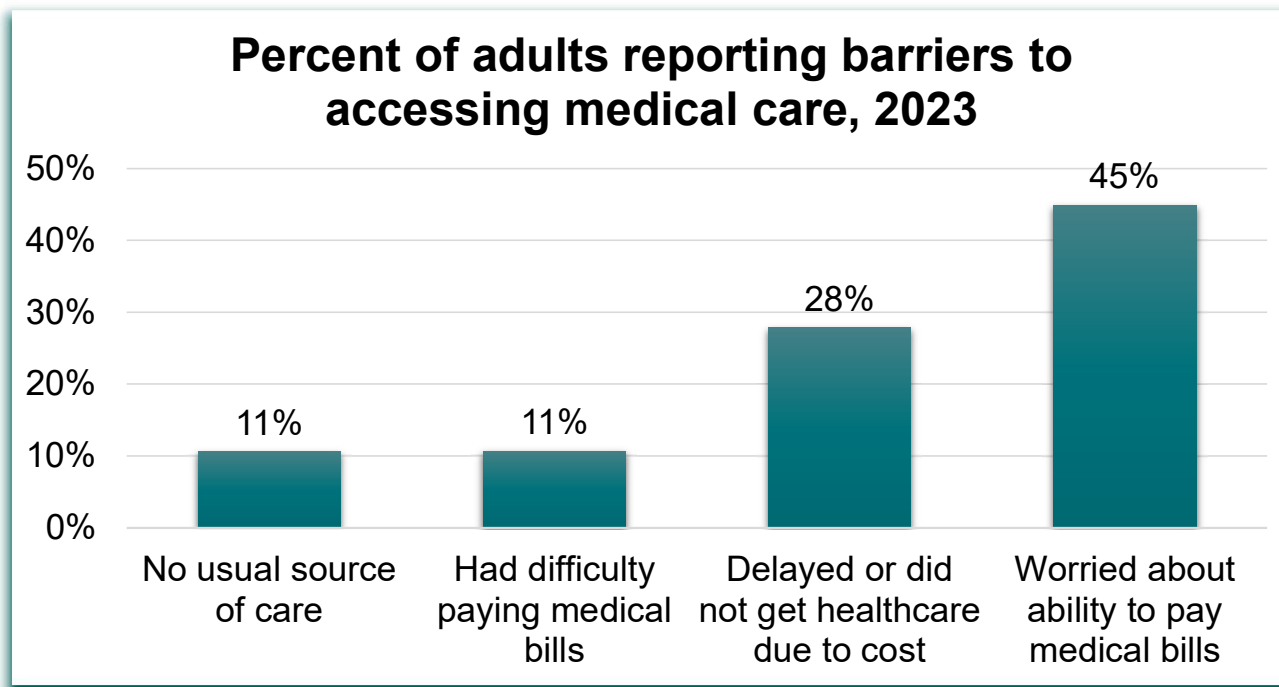
Projections

Shortage

National

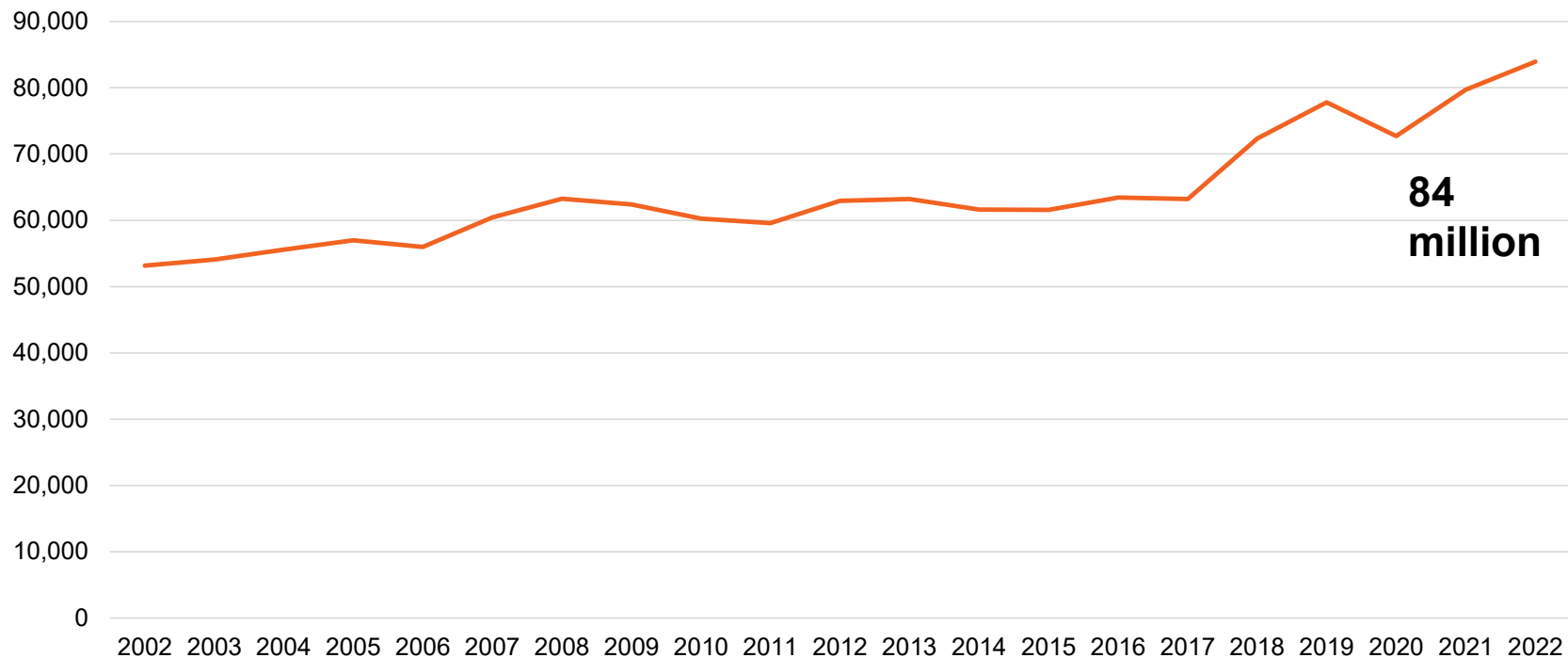
State

Access to care remains problematic

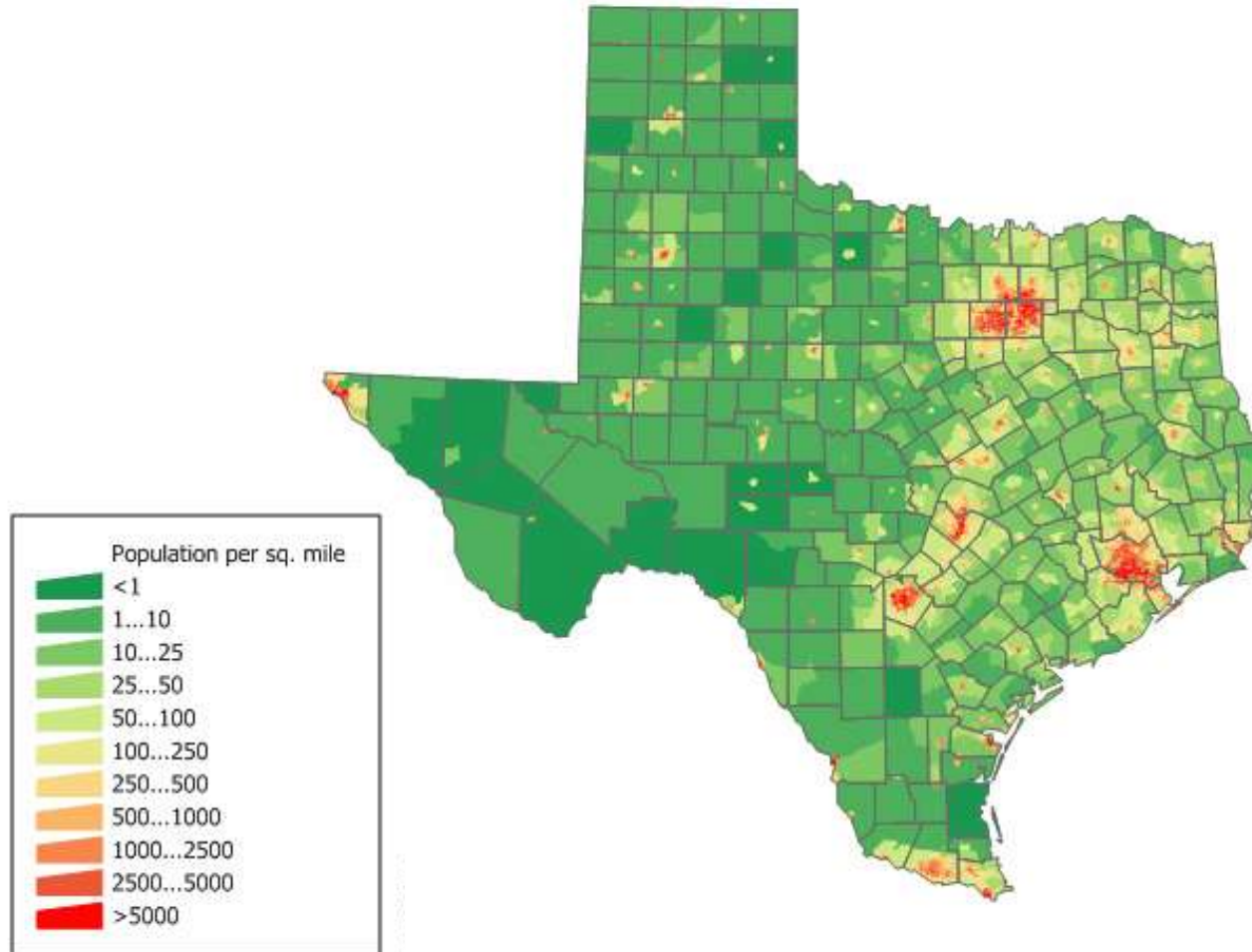


Nowhere to go?

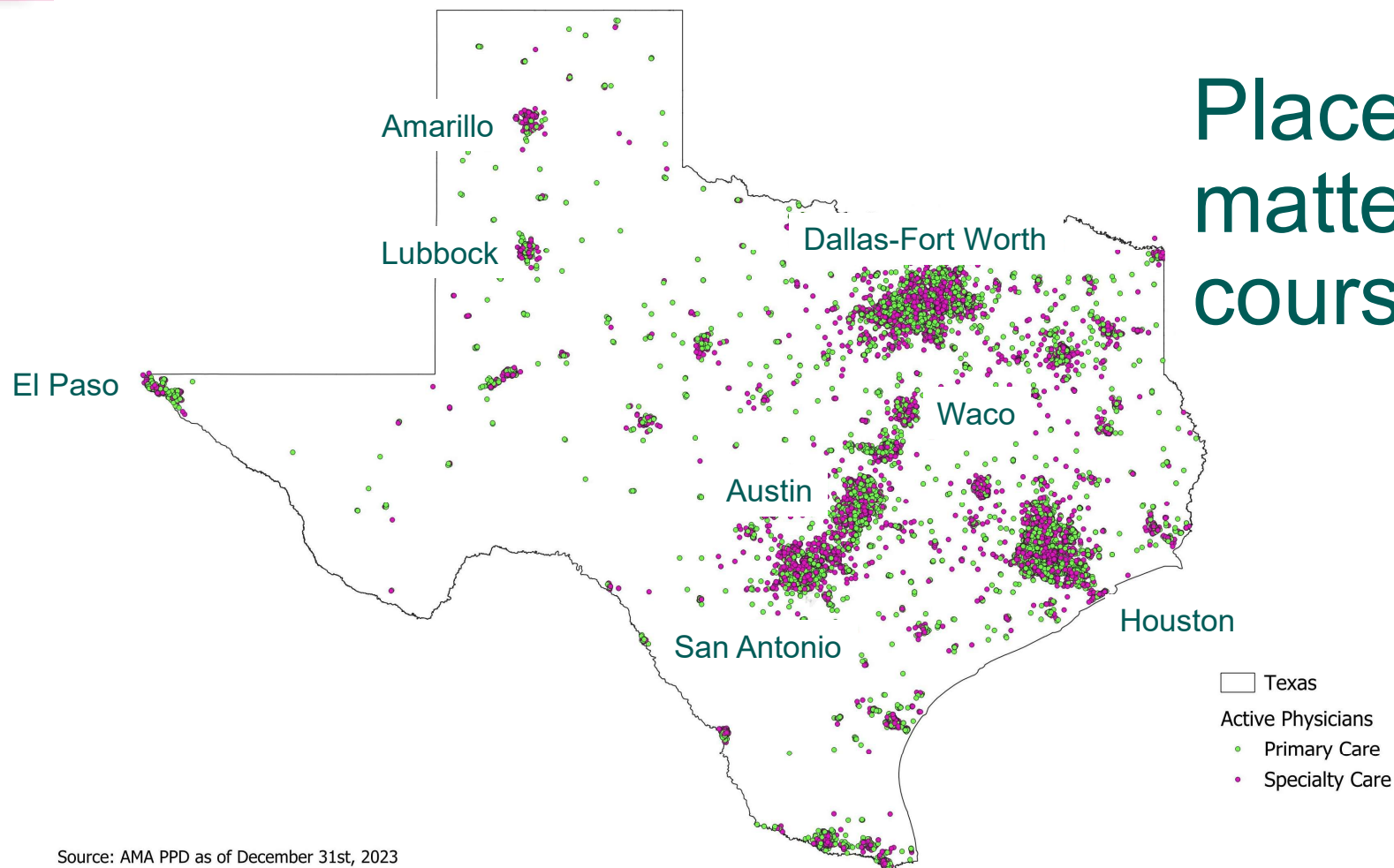
Number of people, in thousands, with no usual source of care, 2002 to 2022



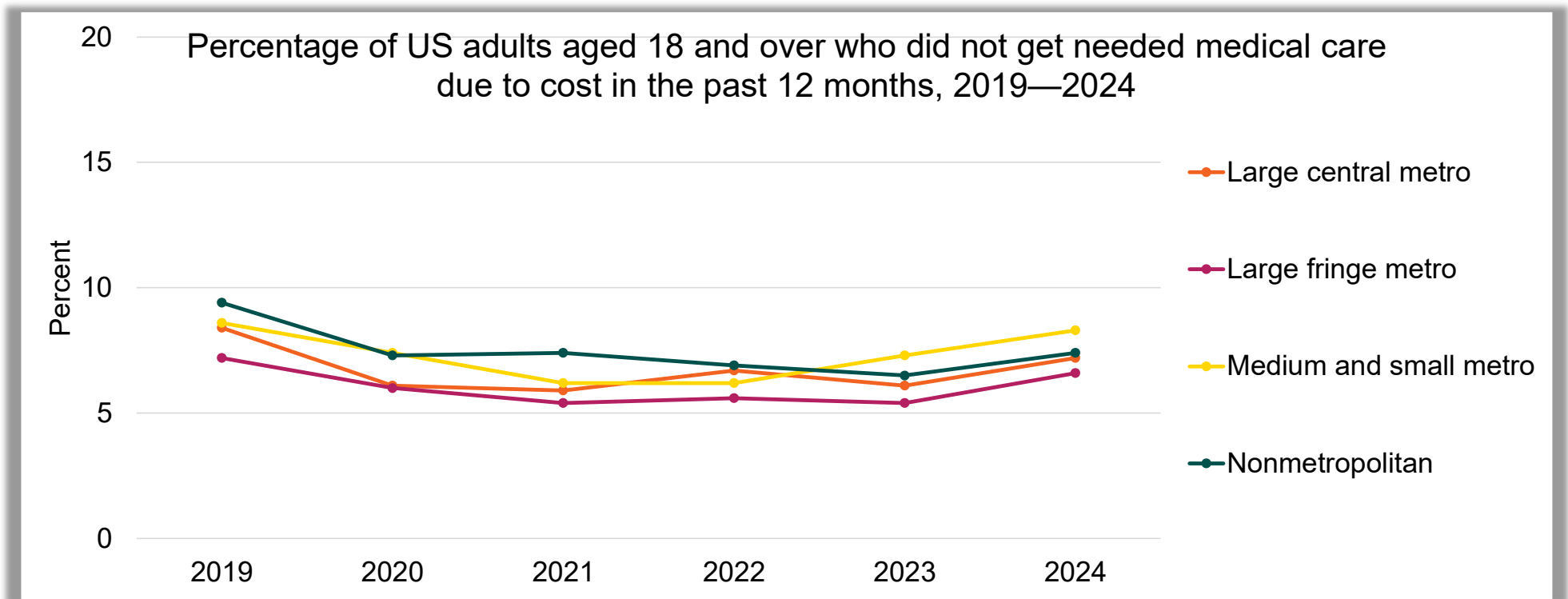
**84
million**



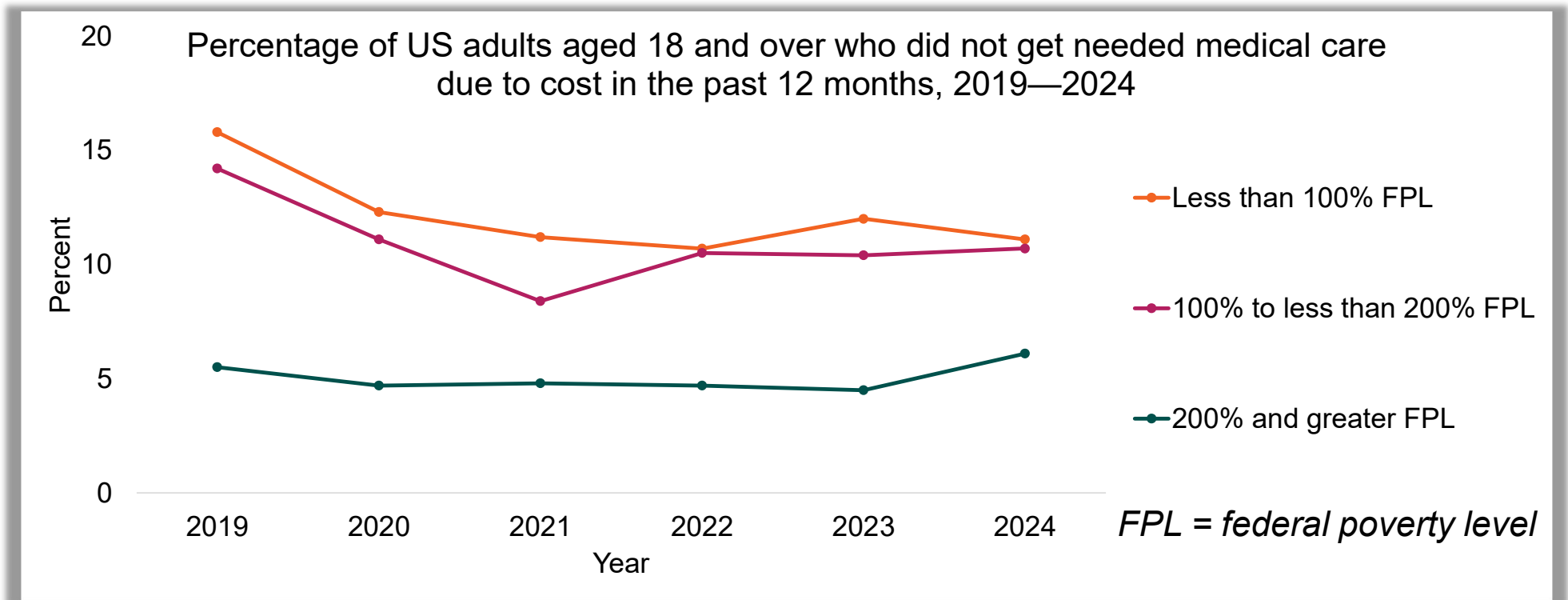
Place does
matter, of
course



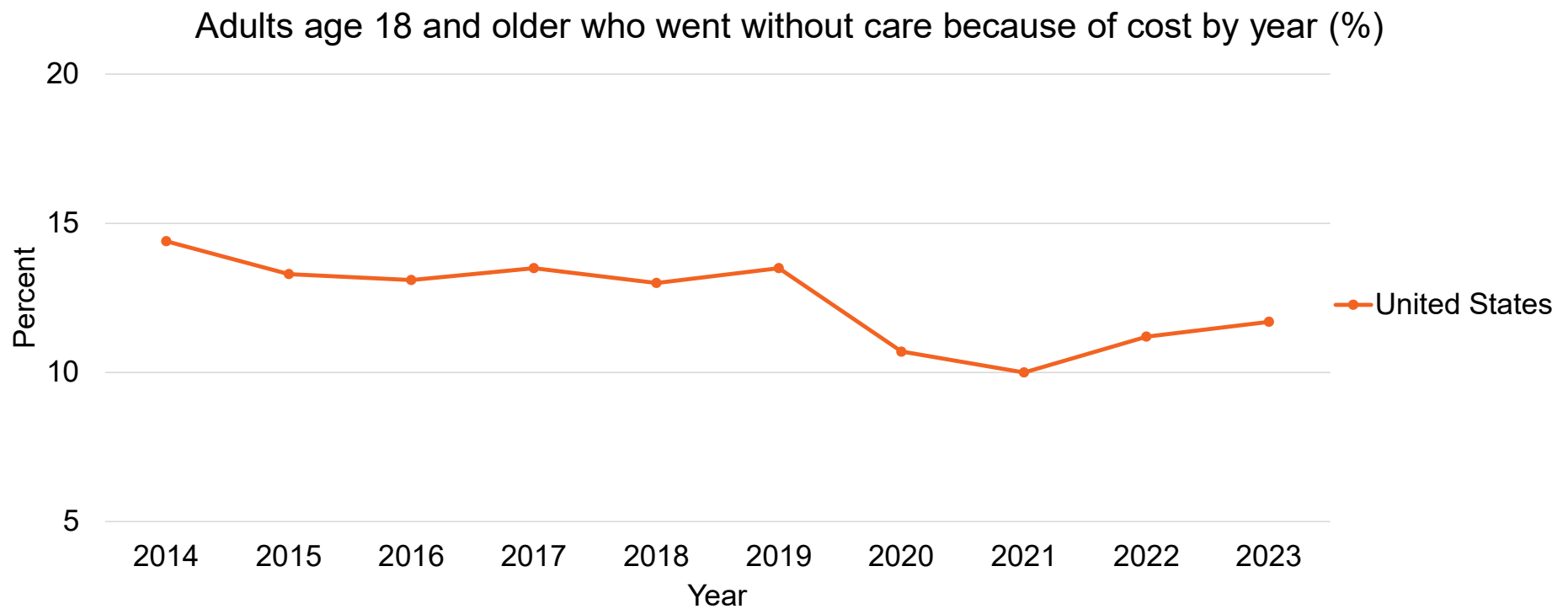
Cost barriers are everywhere



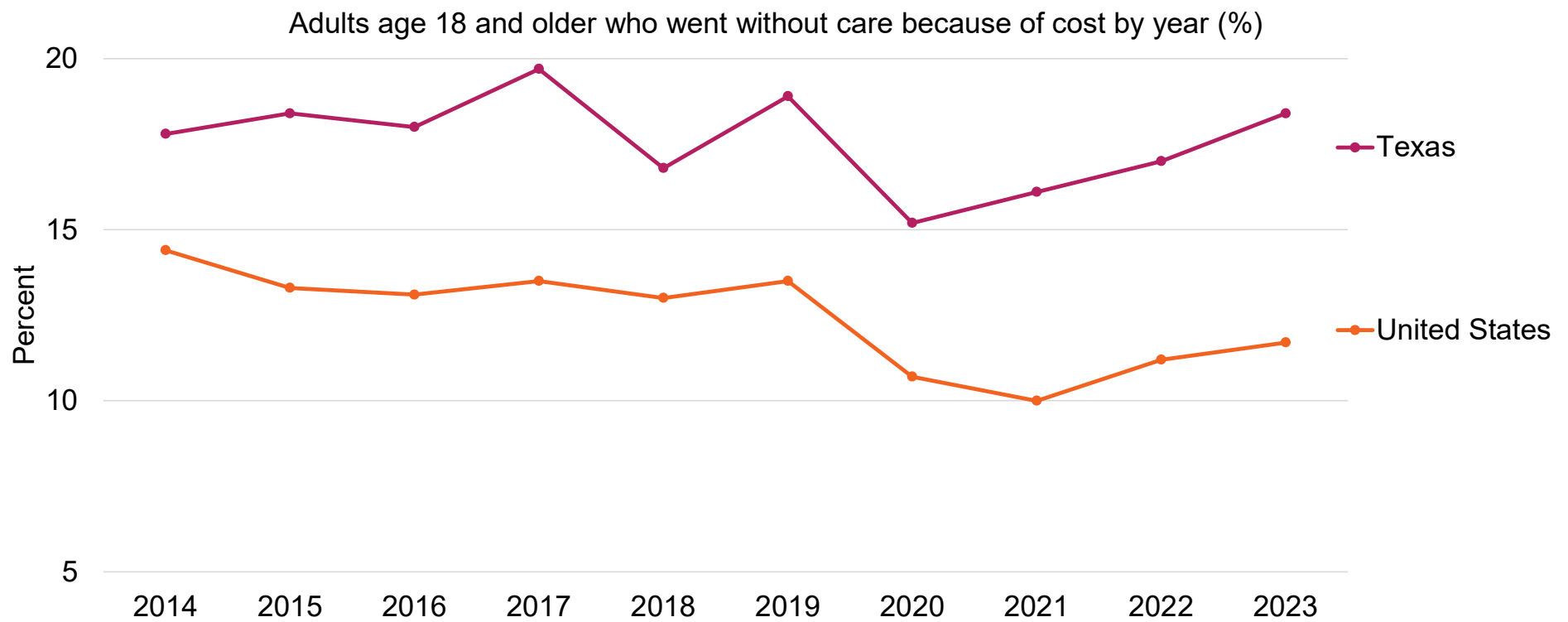
Income makes a bigger difference than type of place?



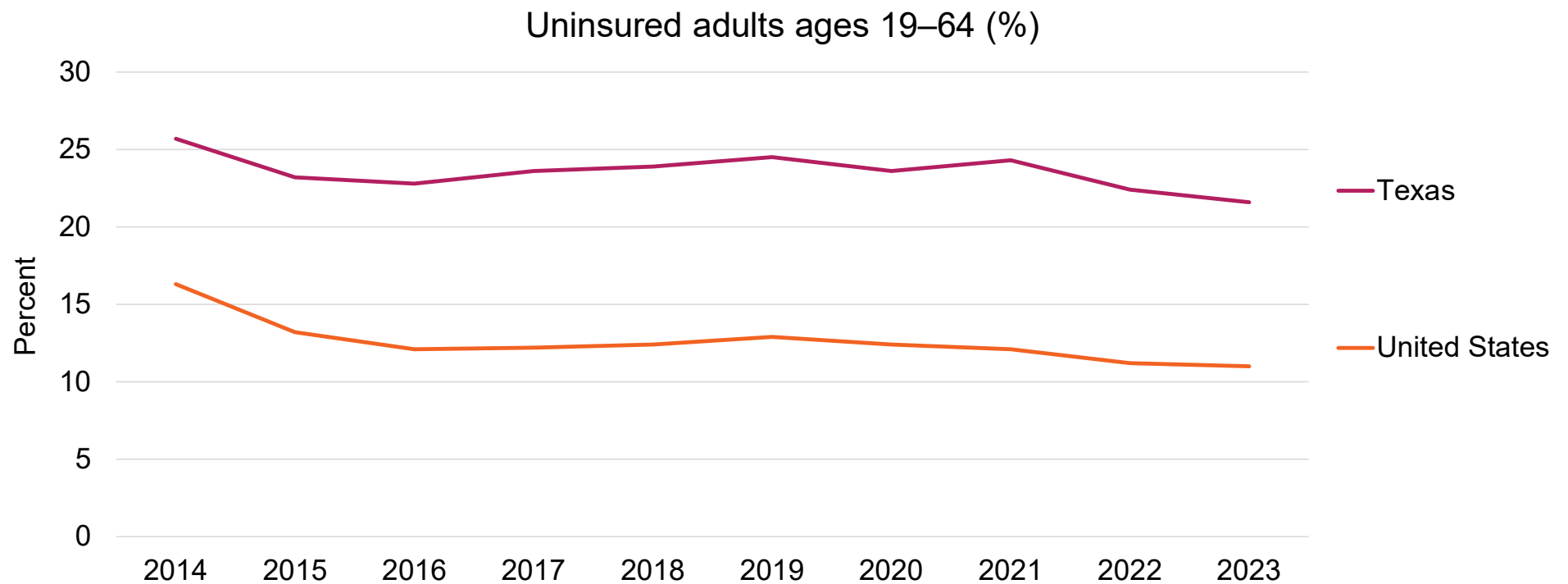
Care remains cost prohibitive for more than 1 in 10



Care is even more cost prohibitive in Texas

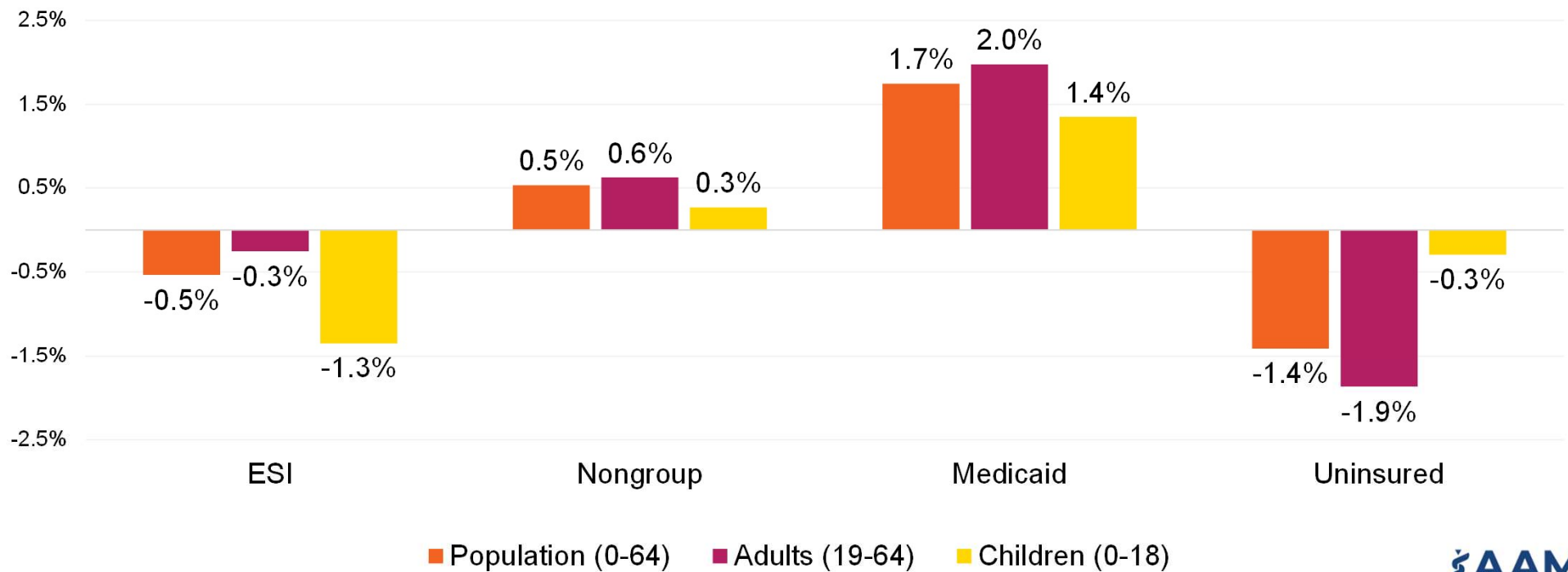


Much higher percentage of uninsured adults in Texas



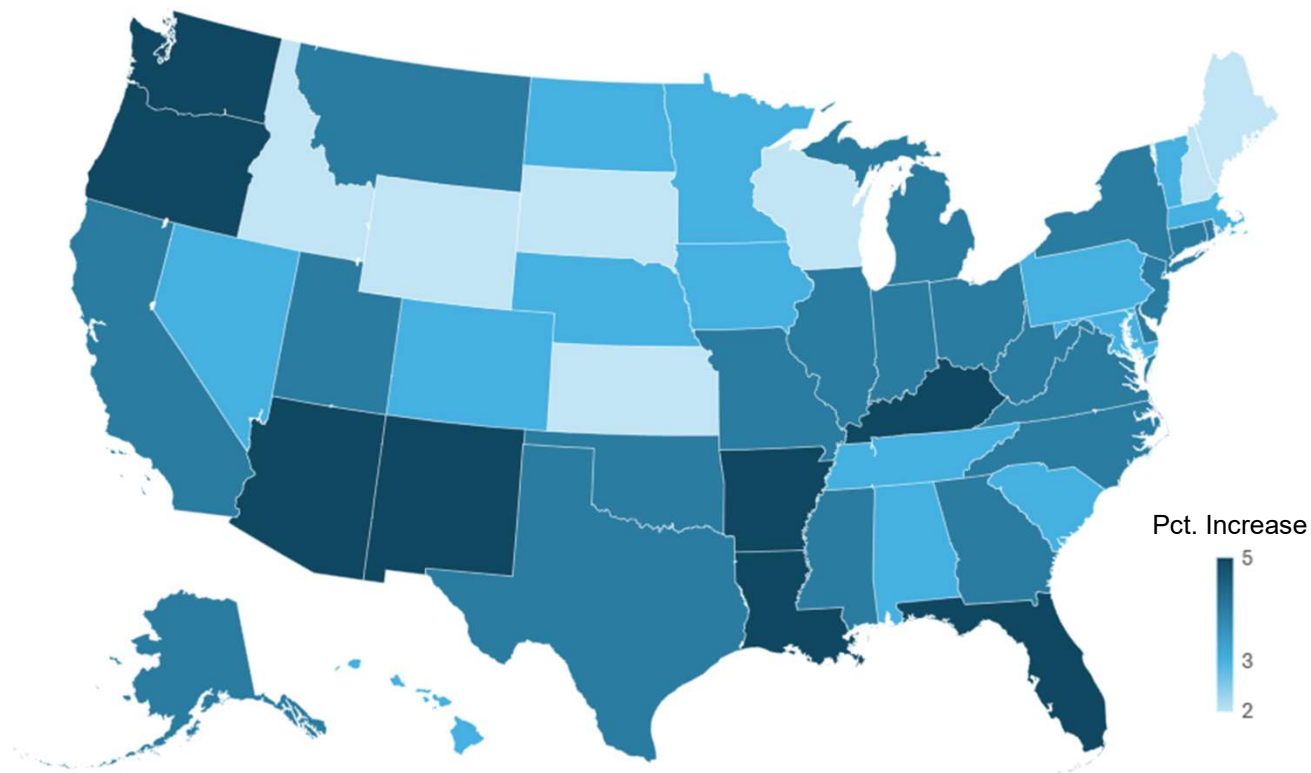
Insurance affects access, so what does the future hold?

Change in Insurance Coverage Rates Among the Population Ages 0-64, 2019-2023



Pct Increase in Uninsured Population due to the Budget Reconciliation
Package and Expiration of Premium Tax Credits Based on National CBO
Estimates, by State

An Additional
14.2 Million
People Could be
Uninsured in
2034



Good News

Production

Debt

Well-being

Access

Usual source

Place

Cost

Projections

Shortage

National

State

The evidence is there

Where Have All The Doctors Gone? Addressing The Physician Shortage

By [Alexa Kimball](#), Forbes Councils Member,
for [Forbes Business Council](#), COUNCIL POST | Membership (fee-based)
Published Oct 08, 2025 08:00am EDT

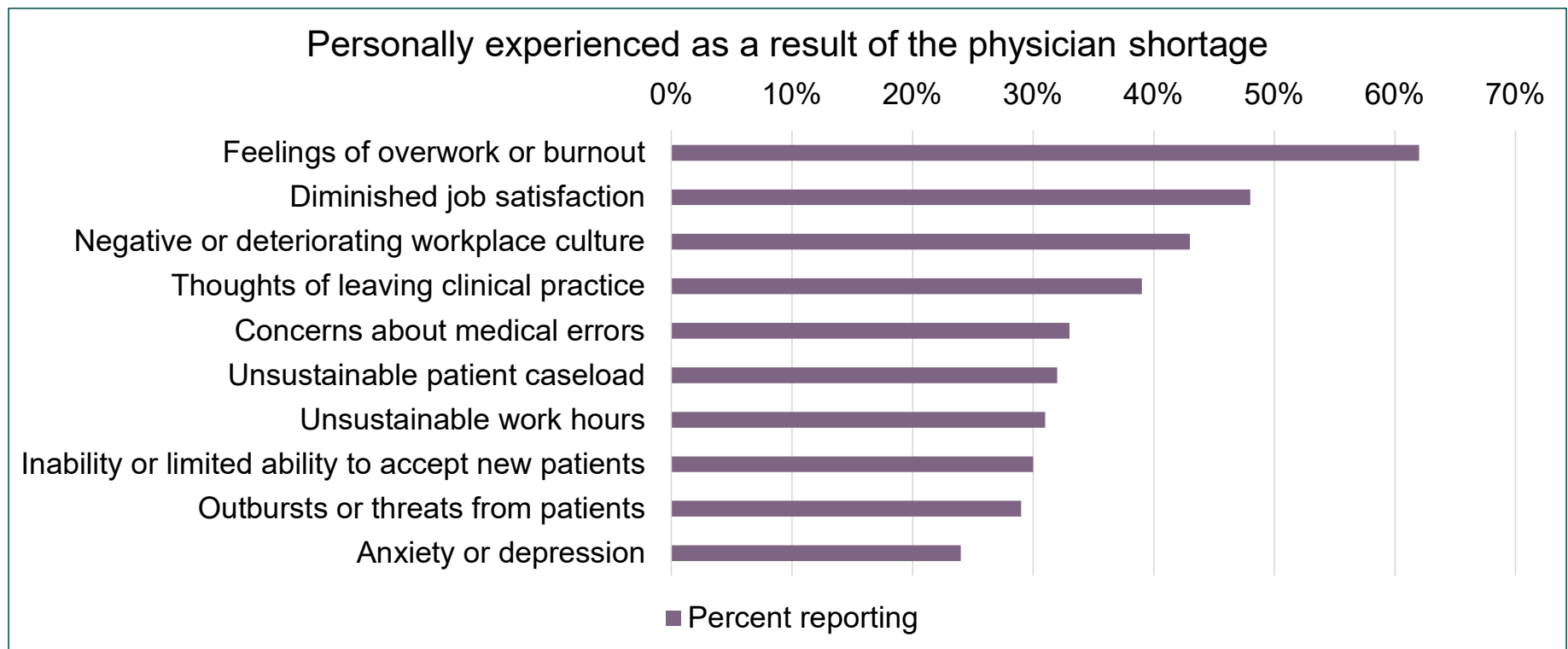
The physician shortage will worsen—unless Congress acts now

Congress has an opportunity to reverse the worsening physician shortage and bolster access to care for millions of people.

By [Bobby Mukkamala, MD](#), President ✕

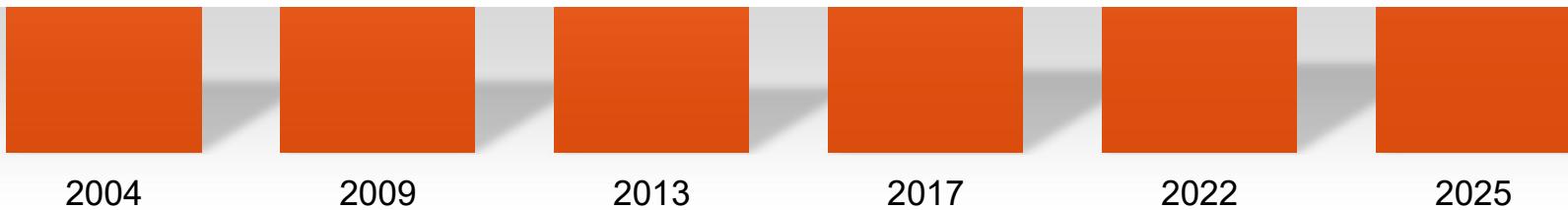
Jun 16, 2025 | 5 Min Read

Everyone is feeling it



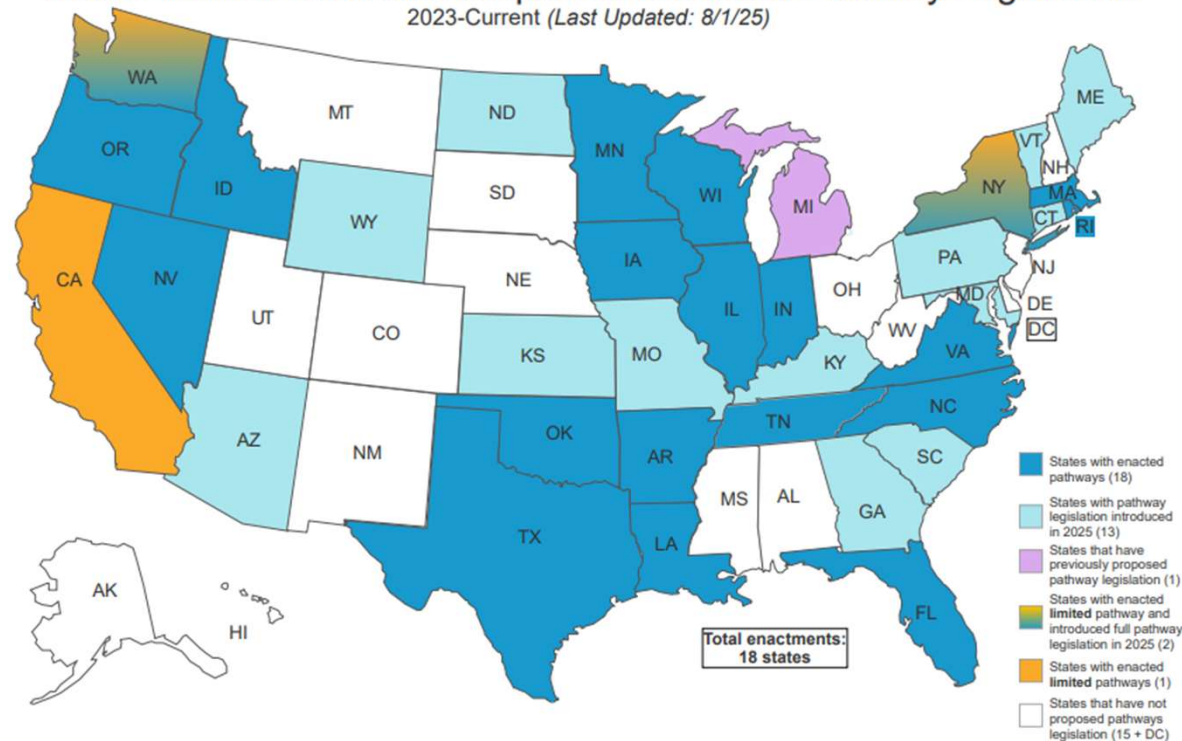
Wait times are getting longer

“In some cases, researchers could not break through the various automated telephone sequences needed to reach a person able to schedule an appointment.”

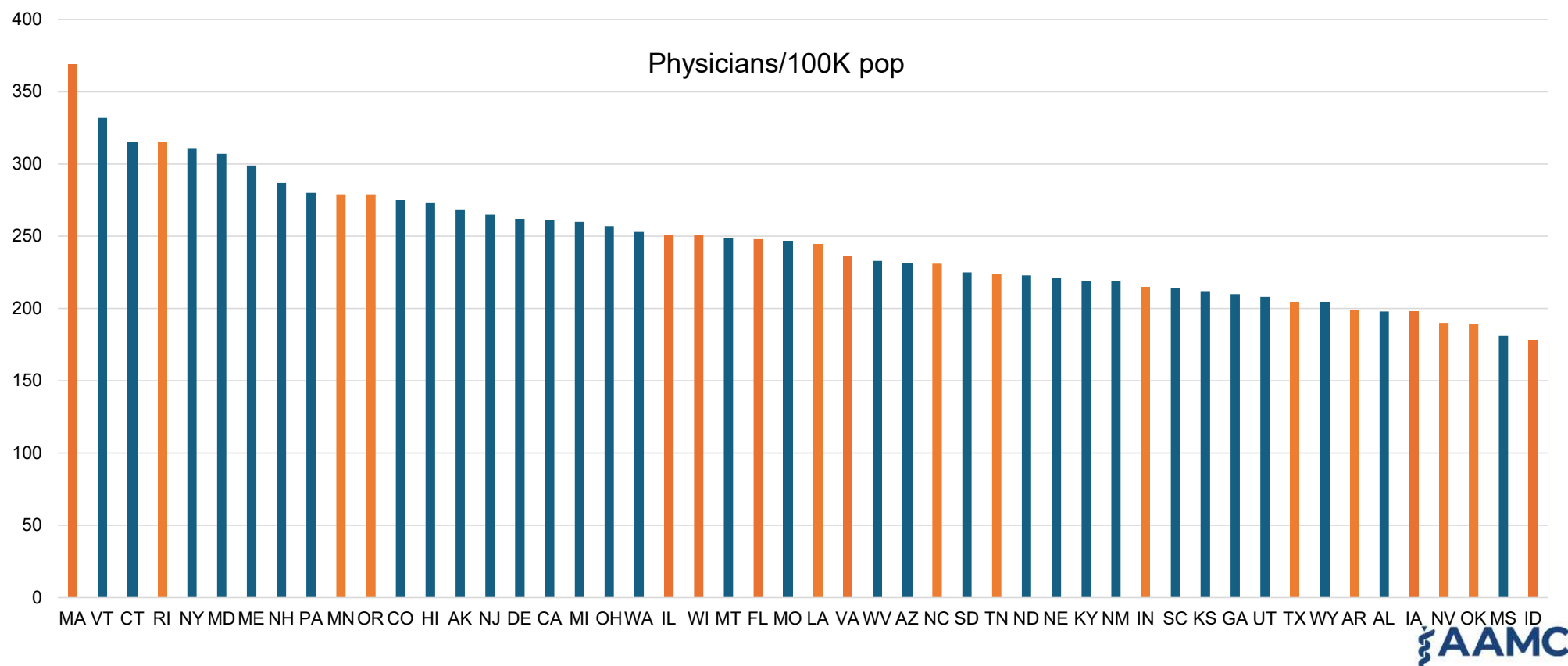


States seek strategies

States with Enacted and Proposed Additional Pathway Legislation
2023-Current (Last Updated: 8/1/25)

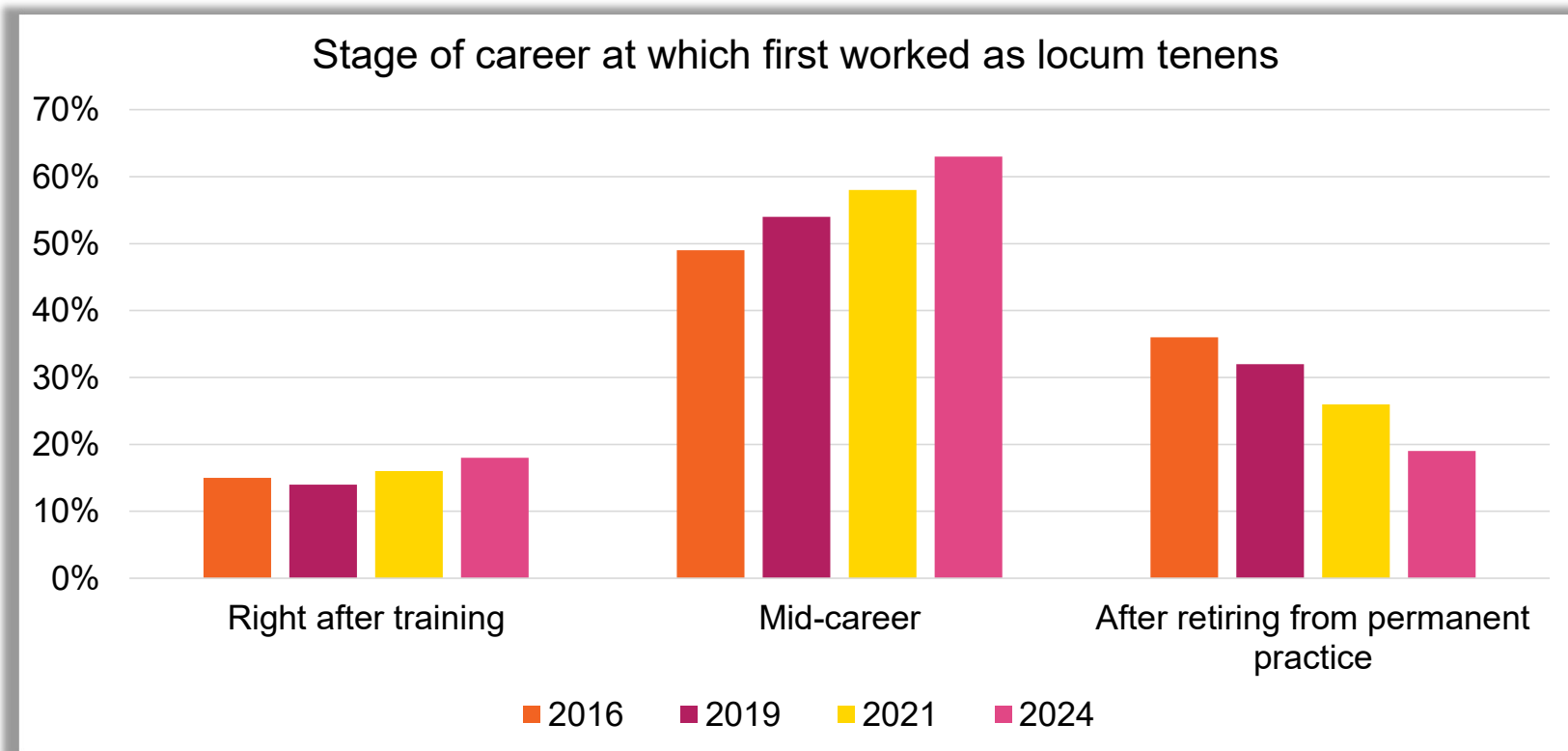


Where do we find enacted additional pathway legislation?



Source: AAMC analysis of AMA PPD Data, 2022; FSMB.

Another sign: the rise of locums



Physician Workforce Projections



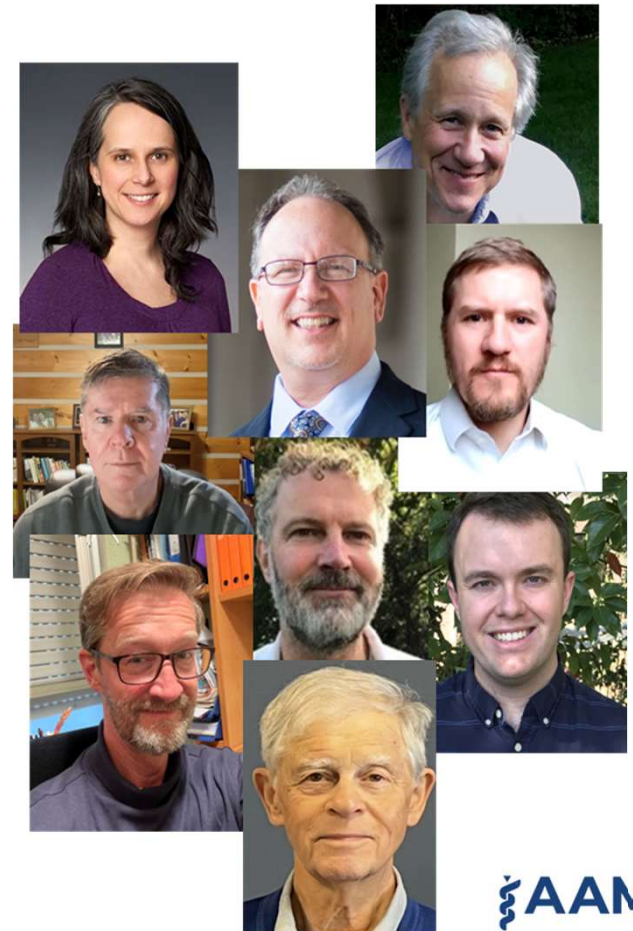
RAND



+ AAMC



= Innovation



Old model left room for improvement

Proprietary/Black Box

Started projections *after* training

Underestimated current shortage

Based on linear equations

An Innovative, Dynamic Approach

Structural,
causal
relationships

Endogeneity

Stakeholder
engagement

Partnerships

New & improved

**Includes medical
education and
training
structures**

**Begins
projections in the
past to validate**

**Models
retirement more
accurately**

**Includes
feedback (e.g.,
population health
and demand)**

**Explicitly
Includes PAs &
NPs (APPs)**

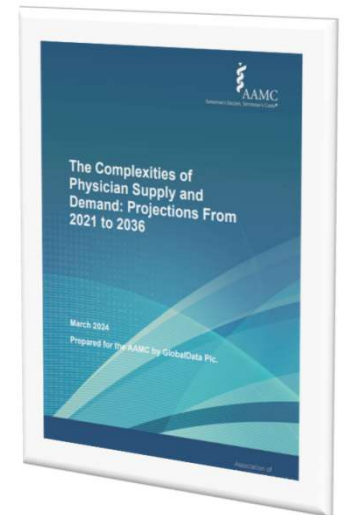
Before you even ask

Last published report:

- Based on old model
- Likely underestimates beginning shortfall
- Only looks out 15 years

Last presented results:

- Upgrades made to model since then
- That was a *very* rosy scenario



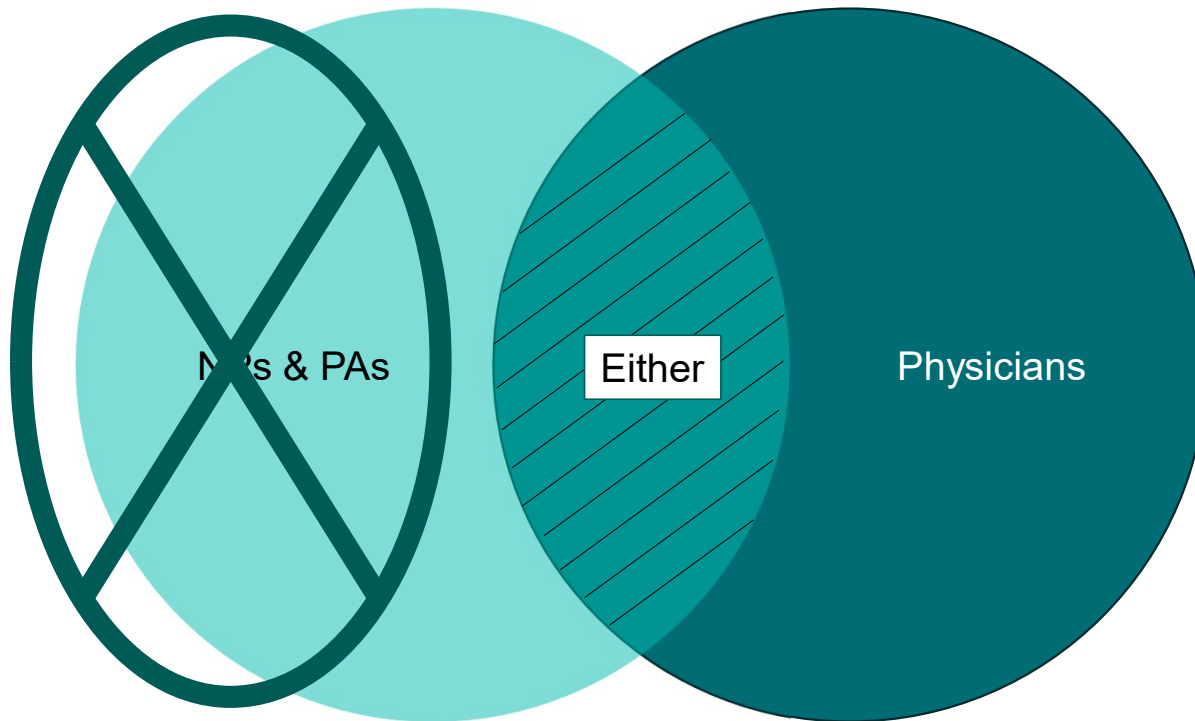
As a reference

Most recent HRSA projections (by 2037):

- “31 out of 35 major physician specialties are projected to have a shortage”
- Total physician shortage of 200,900



It's a *physician* workforce projections model, after all.



Scenarios: fiction & fact

Scenarios are not:

- Predictions

Scenarios are:

- A way to assess the systems level implications of changes (if -> then)
- A way to identify potential leverage points
- A way to identify areas for model improvement
- A learning process

1. Stagnation Scenario



Current underlying trends persist, like declining work hours for physicians



GME does not grow



Scope of practice does not expand, and willingness to shift tasks to PAs and NPs does not increase

Without GME growth or increased reliance on PAs and NPs, physician shortages in the US will continue to severely limit access to care through at least 2050

Content removed pending publication.

2. GME Expansion Scenario



Current underlying trends persist, like declining work hours for physicians



GME slots increase by 14,000 – as in the Resident Physician Shortage Reduction Act



Scope of practice does not expand, and willingness to shift tasks to PAs and NPs does not increase

With GME growth, but no increased reliance on PAs and NPs, the primary care and specialty care physician shortages will persist, but not to the degree they would without new GME

Content removed pending publication.

3. Increased PA & NP Reliance Scenario



Current underlying trends persist, like declining work hours for physicians



GME does not grow



Scope of practice continues to expand, and willingness to shift tasks to PAs and NPs continues to increase

With no GME growth, but with increased reliance on PAs and NPs, shortages in both primary care and specialty care could be less acute by 2050

Content removed pending publication.

4. GME Growth + Increased Reliance on PAs & NPs Scenario



Current underlying trends persist, like declining work hours for physicians



GME slots increase by 14,000



Scope of practice continues to expand, and willingness to shift tasks to PAs and NPs continues to increase

With both GME growth and increased reliance on PAs and NPs, the physician shortage in the US could be significantly smaller in primary care and specialty care by 2050

Content removed pending publication.

Even with growth in both GME and the role of PAs and NPs, the shortage of non-hospitalist specialist physicians in the US will continue to be grave through 2050

Content removed pending publication.

By the numbers: projected shortages by 2050

Content removed pending publication.

By the numbers: projected shortages by 2050

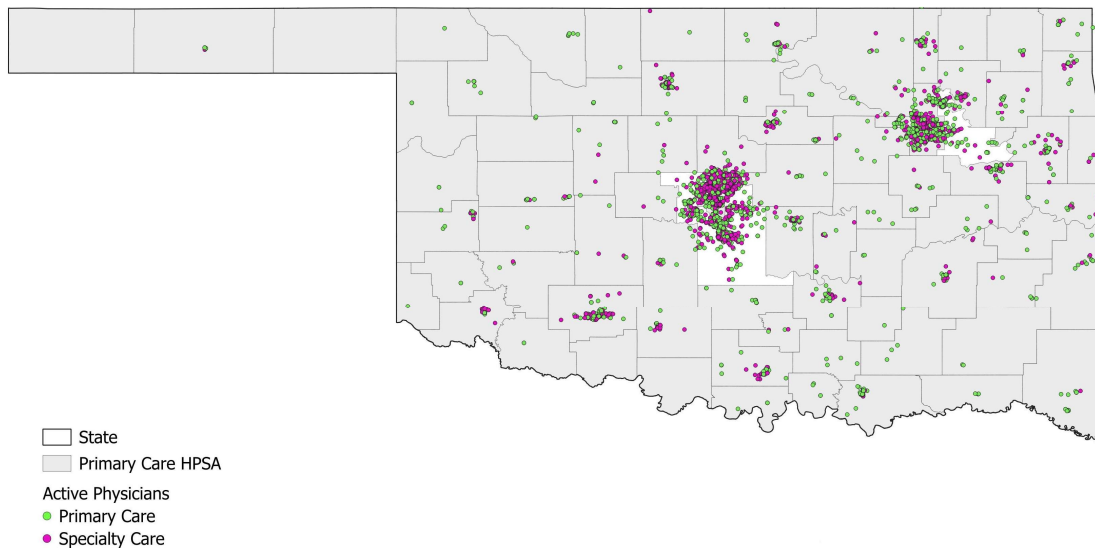
Content removed pending publication.

By the numbers: projected shortages by 2050

Content removed pending publication.

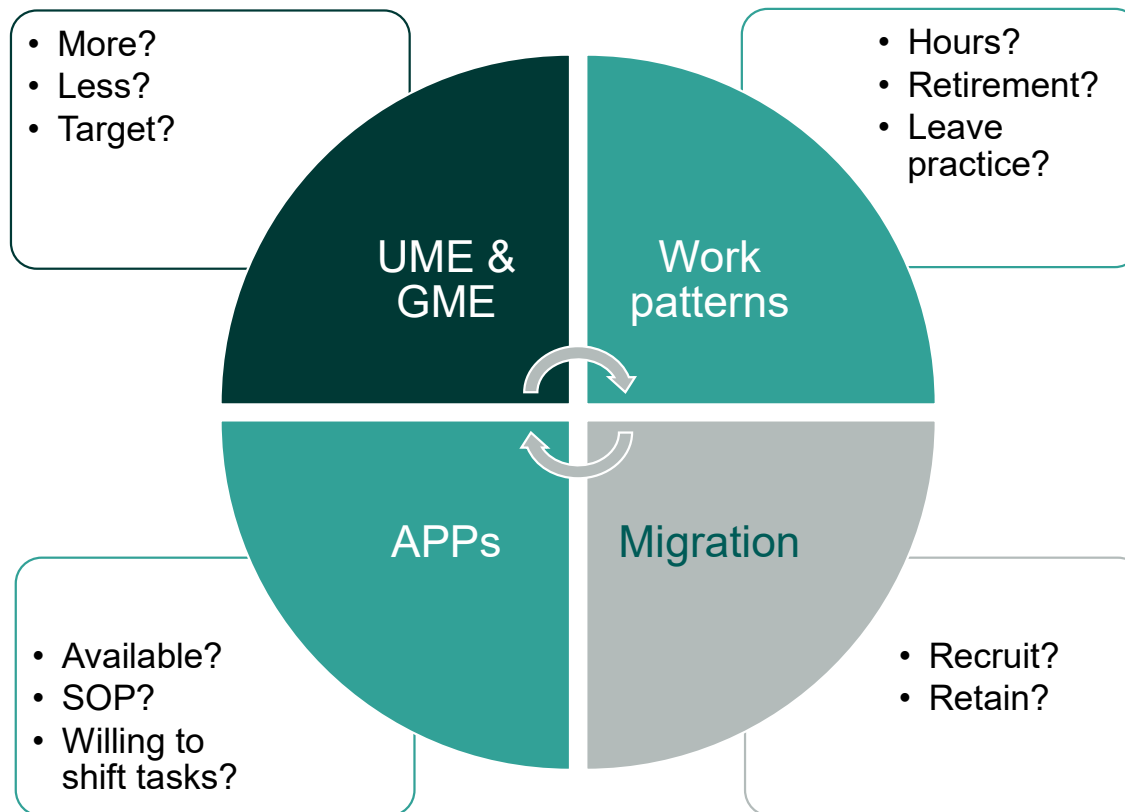
University of Oklahoma College of Medicine

Active Physician Workforce by Specialty Group and HPSA Designation in Oklahoma



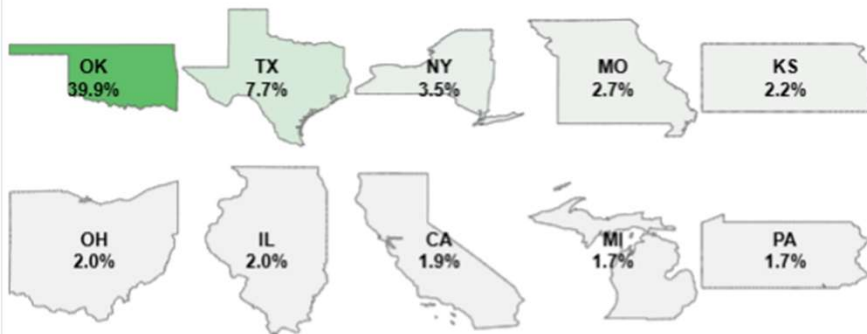
Source: AMA PPD as of December 31st, 2023

Different Context -> Different Scenarios

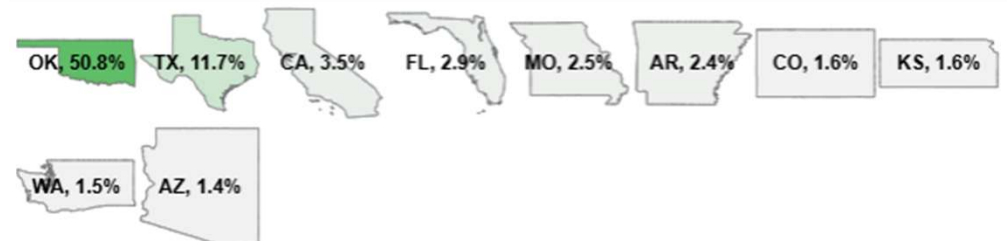


Inflow and outflow

Top 10 States Where **Oklahoma Physicians Completed Graduate Medical Education
2023**



Top 10 Practice States for Physicians Who Completed Graduate Medical Education in **Oklahoma
2023**



Model Validation

Content removed pending publication.

This slide shows **preliminary** model output. May not be reproduced without permission.

Preliminary Outcomes - Oklahoma

Content removed pending publication.

This slide shows preliminary model output. May not be reproduced without permission.

Want to stay up to date on the projections work?



Did you catch all that?

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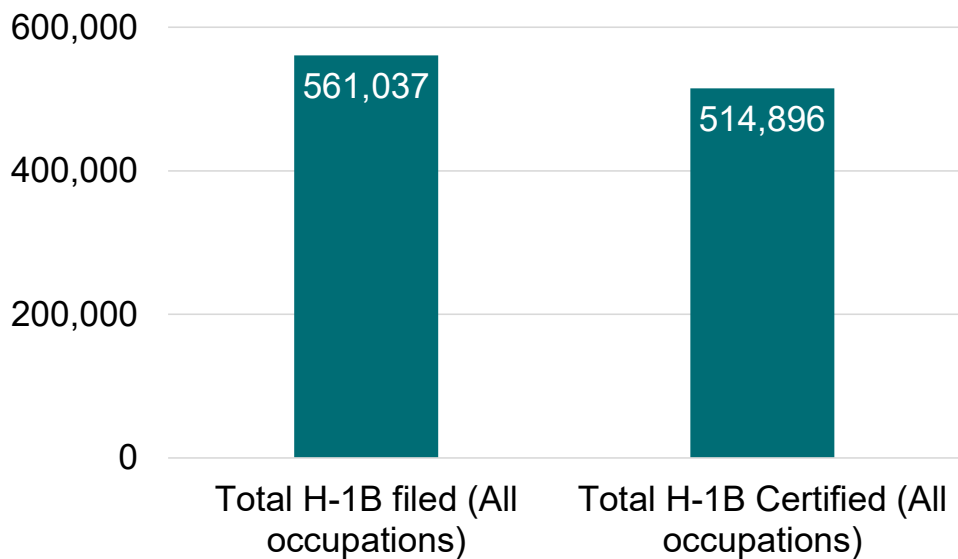
National

State

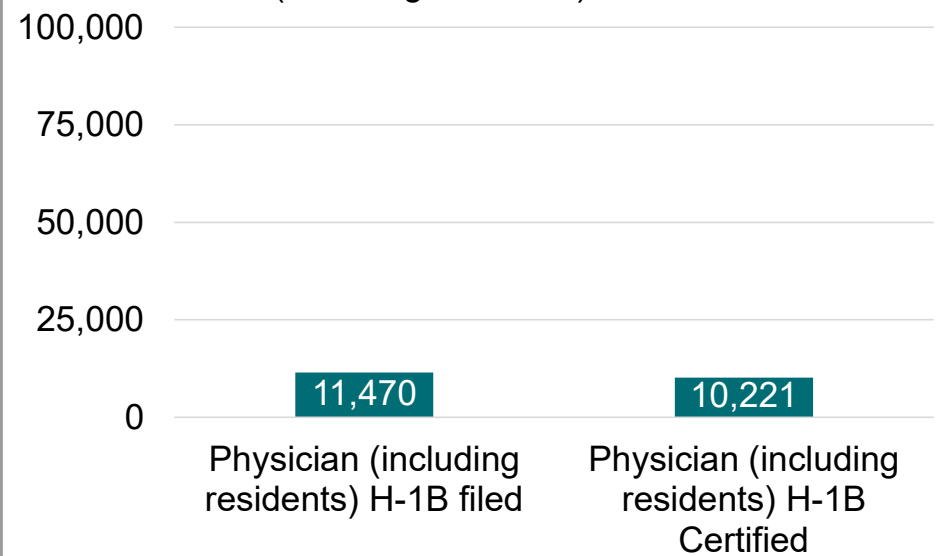
Coda

What about H-1Bs?

H-1B applications filed & certified, all occupations, FY 2024



H-1B applications filed & certified, physicians (including residents), FY 2024





aamc.org/workforce



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Workforce Studies

Workforce Studies is academic medicine's source for physician workforce projections, data, and research.

What's New in Workforce Studies

U.S. Physician Workforce Data Dashboard

The [U.S. Physician Workforce Data Dashboard](#) provides the most current data available about the physician workforce across specialties in a series of interactive visualizations. This dashboard provides detailed statistics about active physicians in the largest practice specialties (i.e., specialties with > 2,500 active physicians) in the United States and its territories.



Medical Education Debt – How Many Years To Fully Repay?

[This data snapshot](#) highlights changes in physicians' medical education debt and repayment



Workforce @ LearnServeLead 2025

- Market Square Zone 3: Your Impact in Academic Medicine, November 2, 2-4 pm
-
- Collaborative Approaches to Building Sustainable Pathways to Meet Regional Healthcare Workforce Needs, November 3, 10:15
 - Navigating Federal Immigration Policies: Supporting Academic Medicine and Strengthening the Health Workforce, November 3, 1:30pm
 - Sustaining the Health Workforce: Global Perspectives (AAHCI), November 3, 1:45pm
 - The Evolving Landscape for International Medical Graduates, November 3, 3:30
-
- Using Data to Improve Workforce Recruitment and Retention, November 4, 2:00pm
 - Navigating the Impact of State-Level Abortion Restrictions on the Physician Workforce , November 4, 2:00pm
 - Building and Sustaining the Future Biomedical Research Workforce, November 4, 3:30pm

Key points

1. Significant physician workforce shortages by 2050: up to 155,000 FTEs in primary care and up to 174,000 FTEs in specialty care.
2. Academic medicine has done much to address the physician shortage.
3. Too many Americans struggle to get medical care due to the shortage - and costs.
4. Data do not support the notion that medical education debt is a major driver of specialty choice.
5. Most physicians who have paid off their education debt did so in 10 or fewer years.
6. More work is needed, but burnout is less bad than it has been.

Questions?