Myths and Facts: The Physician Shortage

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

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

The physician shortage is driven primarily by demographics. Baby boomers are turning 65 by the thousands every day and entering the Medicare program; they will double the number of older Americans by 2040.[1] Because seniors are the population with the greatest health care needs—in both primary and specialty care—the supply of doctors must increase to keep pace. Interest in medicine as a career is higher than ever, with record numbers of students applying to and attending medical school. In response to the growing physician shortage, medical schools have increased their enrollments. Yet, despite rising numbers of medical school graduates, there has not been corresponding growth in the number of federally supported residency training positions these new MDs must have to complete their training and practice in their communities. Without raising the federally imposed cap on support for graduate medical education (GME) and expanding training capacity, the increase in medical school graduates will do little to help the growing demand for physician services.

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

FACT: **The projected shortage of between 42,600 and 121,300 physicians by 2030 includes both primary and specialty care, with specialty shortages projected to be particularly acute.**

The physician shortage is growing because demand for physicians is increasing across a number of specialties. The AAMC projects there will be a shortage of between 14,800 and 49,300 primary care physicians by 2030, making it difficult for millions of people to get preventive health care services. Equally troubling is the shortage of between 40,300 and 76,900 specialists, leaving patients with heart failure and strokes, cancer, Alzheimer's disease, debilitating arthritis, and other ailments without immediate access to necessary care.

The 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. The number of Americans 65 and older with Alzheimer's disease may triple by 2050,[2] requiring care of neurologists and others. The probability of developing cancer is 10 times higher for men over 70 than it is for younger men and nearly 5 times higher for women over 70 than for younger women.[3]

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

1. Congressional Budget Office. *The 2015 Long-Term Budget Outlook*. Figure 2-3. https://www.cbo.gov/sites/default/files/114th-congress-2015-2016/reports/50250-LongTermBudgetOutlook-4.pdf.
2. Alzheimer's Association. *2016 Alzheimer's Disease Facts and Figures*. http://www.alz.org/alzheimers_disease_facts_and_figures.asp#prevalence.
3. American Cancer Society. *Cancer Facts & Figures 2016.* Table 6. http://www.cancer.org/acs/groups/content/@research/documents/document/acspc-047079.pdf.

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

FACT: **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 that 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 lifting the cap on federally funded residency training positions.

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

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

Fixing the doctor shortage will require training a few thousand more doctors a year, working on new delivery models and technologies, and receiving help from 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 lift the cap on Medicare support for residency positions, growth in the physician workforce will not keep pace with the increasing demand.

For more information, visit **news.aamc.org/for-the-media/article/gme-funding-doctor-shortage**.

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