Medical students preparing for the transition to residency may have some questions about the graduate medical education landscape. A recent AMA report—the “2020 Compendium of Graduate Medical Education Initiatives Report”—offers insight on the funding and workforce issues that impact the future of GME.

The report’s highlights include an in-depth look at an impending physician shortage and the need to reform the mechanism for funding training.

Workforce shortages

Medicare caps on GME funding—which can be traced back to the Balanced Budget Act of 1997—are among the root causes of certain physician workforce issues.

By 2033, the report projects:

- A primary care physician shortage of 21,400 and 55,200 physicians.
- A shortfall of between 33,700 and 86,700 physicians across medical specialties outside primary care.
- A shortage of physicians in surgical specialties of 17,100 and 28,700.

Learn about the 10 specialties with the most medical residency positions.

Medical student opportunity
In spite of the underlying need for more physicians in certain specialties and regions, opportunity is somewhat limited by the aforementioned caps.

Data shows that medical school enrollment is up more than 30% in MD-granting medical schools since 2002. Meanwhile, the U.S. population—already rising—also is aging.

GME slots, however, don’t reflect workforce needs. The lack of parallel expansion of GME slots—which have been increasing at a rate of around 1% per year since the late ’90s—is among the contributing factors to workforce shortages and primary medical health professional shortage areas. Those shortage areas are inhabited by about 77 million Americans.

AMA efforts on the cap-flexibility front have focused on providing new teaching hospitals in underserved areas leeway and additional time in establishing Medicare-funded GME caps. The issue is of great significance to the AMA’s medical student members, 240 of whom advocated for cap-flexibility with congressional leaders in Washington during the 2020 Medical Student Advocacy and Regional Conference.

The AMA Reimagining Residency initiative, a five-year, $15 million grant program, aims to significantly improve GME through bold, rigorously evaluated innovations that align residency training with the needs of patients, communities, and the rapidly changing health care environment.

**COVID-19’s impact on residency training**

The COVID-19 pandemic has impacted every aspect of care provision and residency training. The report details measures put in place by Centers for Medicare & Medicaid Services specific to residency training.

Key changes have included where and how residents spend their time—allowing additional flexibility for residents to work through telehealth. Residents also may now split their duties between alternate locations and have the ability to engage in inpatient moonlighting.

CMS is considering making some of the changes permanent—a development for which the AMA voiced support in a recent letter.

The AMA has curated a selection of resources to assist residents and medical students during the COVID-19 pandemic to help manage the shifting timelines, cancellations and adjustments to testing, rotations, and other events.