Why we must act now to ensure an adequate physician workforce

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Our nation’s health care needs are constantly evolving, from the urgency of viral outbreaks such as COVID-19 to slow-moving crises such as the steady rise in chronic disease. These changes, exacerbated by ever-increasing administrative burdens that steal time from our day, have put tremendous stress on physicians’ shoulders.

It’s no wonder so many have had enough.

A Mayo Clinic Proceedings article published in December confirmed our worst fears about what this pandemic and other stressors are doing to physicians and others in our health care workforce. The report, based on a broad survey of medical professionals in 2020, showed that one in five doctors—and twice as many nurses—said they planned to leave the profession within the next two years, and many more planned to reduce the hours they worked over the next 12 months.

If only a portion of them follow through with their plans, the impact on U.S. health care would be significant given ordinary circumstances. And it would potentially be devastating amid a new or resurgent public health emergency.

The reasons the physician respondents cited are familiar to anyone who practices medicine today, including a long list of administrative hassles and an overly bureaucratic system that leaves doctors feeling powerless and removed from what we do best: caring for our patients.

Aging doctor workforce

Additionally, our physician community is aging and does not yet have enough younger doctors coming in to meet demand. More than two of every five active physicians will be 65 or older within the next decade, likely compounding the workforce reduction already underway.
Meanwhile, the U.S. population is expected to expand by more than 10% over that same time to an estimated 363 million people—more than 42% of whom will be 65 or older. Experience tells us that older adult patients demand sharply higher levels of care due to greater incidence of chronic disease, which will likely place much greater demand for physician services on a smaller pool of available physicians.

In other words, the looming physician shortage is not just a crisis for tomorrow; it demands our attention today.

Addressing the issue

We can start by taking a hard look at how we nurture and grow our physician community in the U.S., taking steps to make it more inclusive and accessible to a more diverse group of bright young people. We must not only grow the size of our physician community, but also its diversity. Almost one in three people in the U.S. come from historically marginalized communities, but fewer than one in eight are physicians. This has to change. The AMA has spent nearly a decade convening leading medical institutions through our Accelerating Change in Medical Education and Reimagining Residency initiatives, creating a diverse pipeline of young physicians better equipped to tackle the immense challenges of 21st century medicine.

But we are approaching this work in other important ways too, from federal advocacy to improved training and support for physicians’ mental health needs.

The AMA supports current actions by Congress to expand federal support for graduate medical education through measures such as the Resident Physician Shortage Reduction Act (S. 834). This legislation, a version of which is also pending in the U.S. House, will add 2,000 more Medicare-supported medical residency positions each year for seven years at qualifying hospitals starting in 2023—with a particular emphasis on hospitals in rural areas and medically underserved communities.

The AMA also is working to alleviate the exorbitant cost of a medical school education, one of the largest barriers keeping more students from pursuing medicine. The typical young doctor in the U.S. leaves school with about $200,000 in medical student-loan debt, which also contributes to physician shortages in rural and underserved areas by driving these physicians to seek higher-paying positions in larger cities.

The AMA commends Congress for recently passing the Dr. Lorna Breen Health Care Provider Protection Act, named for the New York City emergency room physician who sadly took her own life in 2020 after weeks of psychologically grueling duty at the onset of the COVID-19 pandemic. The measure named in her honor will help raise awareness of the mental health needs of physicians and
dedicate federal resources to create evidenced-based programs to better support physicians and other health care workers. This action is long overdue.

Our AMA responds

Importantly, the AMA has a number of efforts underway to increase physician diversity, including through scholarship assistance, mentoring and other pathways. But here too we need a concerted federal effort and resources to make this a priority.

That’s why the AMA has urged Congress to provide appropriate funding to support the creation and sustainability of medical schools and residency programs that have their roots in educating diverse populations, including at historically Black colleges and universities, Hispanic-serving institutions, and tribal colleges and universities.

Because it can take up to a decade to properly educate and train a physician after college, we need to take action today to ensure we have enough physicians from diverse backgrounds to meet the needs of tomorrow. The health of our nation depends on it.