Whereas, the U.S. is expected to have an alarming and deeply concerning shortage of physicians in primary and specialty care; and

Whereas, the number of practicing physicians is decreasing due to burnout, retirement, pursuing non-clinical practices, and other causes; and

Whereas, the current number of medical students, residents, and fellows will not prevent such a shortage; and

Whereas, the U.S. Congress has repeatedly failed to provide funding to educate the necessary number of physicians to provide needed care of our aging and expanding population; and

Whereas, physician assistants (PAs), and advanced practice providers (APPs)/Nurse Practitioners (NPs) have increasingly replaced licensed physicians in providing primary and some specialty care due to geographic and economic shortage of physicians; and

Whereas, many states have allowed non-physician extenders to practice medicine independently rather than in collaboration with licensed physicians; and

Whereas, a large number of physicians graduate from medical schools in the U.S. or abroad take and pass USMLE part one and two, then apply for residency, but fail to get one of the limited number of post graduate training spots in the U.S.; and

Whereas, these graduating physicians spend six to eight years in undergraduate and graduate studies before graduating, and some of them serve a year of internship required to graduate. They spend huge sums of money to complete their studies, sit for and pass the rigorous USMLE tests, spend thousands of dollars on their applications for the matching programs and interviews; and

Whereas, these unfortunate physicians face the very hard reality of a sudden irreversible interruption of their careers, including, but not limited to large outstanding debts they cannot repay, temporary to permanent interruption of their education, and the threat of never being able to care for patients, while others who are less qualified, less educated, and less financially burdened, such as APPs/NPs can practice medicine with or without collaborating with a licensed physician; and

Whereas, in 2014, Missouri passed a law allowing these unfortunate graduating physicians to obtain a license called Assistant Physician (AP) which allow these physicians without residency to work in underserved areas in primary care, and only in collaboration with a licensed Missouri physician; and
Whereas, many other states have passed similar or much less restrictive laws, under different titles and processes such as Graduate Physician, Associate Physician, etc., some of them allowing this group to gradually practice independently without a residency; and

Whereas, the number of these unfortunate graduating physicians has grown by the thousands each year, yet Congress did not provide the needed funding to create enough residency slots to train these physicians who would partially solve the expected shortages; and

Whereas, many of these graduating physicians, after practicing in collaboration with licensed physicians, acquiring additional skills and experience, were able to match into a residency program; therefore be it

RESOLVED, that our American Medical Association Board of Trustees study the role these unmatched physicians can play in providing care to our patients, their impact of lessening the impact of physician shortages, and provide recommendations on how to enroll these graduating physicians with a uniform title, privileges, geographic restrictions, and collaboration choices, and report to the House of Delegates at the next Interim meeting. (Directive to Take Action)

Fiscal Note: Minimal - less than $1,000

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