

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution XX
(A-25)

Introduced by: Medical Student Section, American College of Physicians, American College of Preventive Medicine, American Psychological Association, International Medical Graduates Section, Integrated Physician Practice Section

Subject: Distribution of Resident Slots Commensurate with Shortages

Referred to: Reference Committee (Assigned by HOD)

1 Whereas, by 2036, the Health Resources & Services Administration (HRSA) projects an overall
2 shortage of 139,940 physicians, with family medicine physicians, general internal medicine
3 physicians, pediatricians, OBGYNs, and psychiatrists comprising 83% of the overall shortage¹;
4 and
5
6 Whereas, AMA Policy H-200.949, "Principles of and Actions to Address Primary Care
7 Workforce," includes general internal medicine, family medicine, pediatrics, and OB/GYN as
8 "primary care" specialties; and
9
10 Whereas, the National Health Service Corps considers general internal medicine, family
11 medicine, pediatrics, OB/GYN, as well as psychiatry as specialties in shortage that preferentially
12 receive scholarship support and loan repayment²; and
13
14 Whereas, preventive medicine physicians are another smaller primary care specialty not
15 formally included in projections whose clinical scope can also help reduce the primary care
16 shortage, in addition to their highly important role bolstering our public health workforce³; and
17
18 Whereas, our elderly population of over age 64 has been growing at the fastest rate since the
19 1800s, with an estimate of 55.8 million people, which represents a 38.6% increase in the last 10
20 years, resulting in increased demand for primary care services⁴; and
21
22 Whereas, primary care and psychiatry physician shortages are even more drastic than
23 projected, because estimates like those from the HRSA assume that a large number of
24 physician assistants and nurse practitioners will be hired instead of physicians to meet need¹;
25 and
26
27 Whereas, in both developing and developed countries, a sufficient primary care and psychiatry
28 workforce has been associated with increased access to healthcare services, better health
29 outcomes and decrease use in hospitalization and ED visits⁵; and
30
31 Whereas, based on HRSA data, the bipartisan Senate Finance Committee Medicare GME
32 Working Group recently proposed allocating 25% of new Medicare GME slots to primary care
33 and 15% to psychiatry, which are reasonable distributions considering that shortages in those
34 fields are far more drastic⁷; and
35
36 Whereas, AMA action in the past has opposed allocating residency positions specifically to
37 primary care and psychiatry, citing concerns about potential future shortages in other specialties

1 and emphasizing the need for flexibility to address regional demands and has also cosigned
2 comments by the GME Advocacy Coalition, highlighting concerns about shortages across both
3 primary care and specialties^{8,9}; and
4
5 Whereas, the AMA's position does not align with the data on the extreme shortages in primary
6 care and psychiatry, as the proposal's respective 25% and 15% slot allocations are far below
7 their respective 53% and 30% shares of the physician shortage¹; therefore be it
8
9 RESOLVED, that our American Medical Association support preferential distribution of new
10 residency slots to general internal medicine, family medicine, preventive medicine, pediatrics,
11 obstetrics and gynecology, and psychiatry, commensurate with their relative need and expected
12 shortages.

Fiscal Note: Assigned by HOD

Date Received: XX/XX/2025

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RELEVANT AMA POLICY

H-200.949 Principles of and Actions to Address Primary Care Workforce

1. Our patients require a sufficient, well-trained supply of primary care physicians--family physicians, general internists, general pediatricians, and obstetricians/gynecologists--to meet the nation's current and projected demand for health care services.

[CME Rep. 04, I-18; Reaffirmed: CMS Rep. 08, A-24]