

# Physician Supply and Demand — A 15-Year Outlook: Key Findings

In June 2020, the AAMC released *The Complexities of Physician Supply and Demand: Projections from 2018 to 2033*. The report includes projections across four broad categories: Primary Care, Medical Specialties, Surgical Specialties, and Other Specialties.<sup>1</sup> The study presents ranges for the projected shortages of physicians rather than specific shortage numbers to reflect uncertainties in the health care system. The report takes a separate look at the impact of an evolving health care delivery system and inequities in health care utilization.



**Demand for physicians continues to grow faster than supply. Although physician supply is projected to increase modestly between 2018 and 2033, demand will grow more steeply.**

- By 2033, demand for physicians will exceed supply by a range of between 54,100 and 139,000 full-time-equivalent physicians.
- Total projected shortages by 2033 vary by specialty grouping and include<sup>2</sup>:
  - A shortfall of between 21,400 and 55,200 primary care physicians.
  - A shortfall of between 33,700 and 86,700 non-primary care physicians, including 17,100 to 28,700 surgical specialists.
- Demographics — specifically, population growth and aging — continue to be the primary driver of increasing demand from 2018 to 2033. During this period, the U.S. population is projected to grow by 10.4%, from about 327 million to 361 million.

The population aged 65 and over is projected to grow by 45.1%.<sup>3</sup> Therefore, demand for specialty physicians who predominantly care for older Americans will increase.

The total projected physician shortage persists under most likely scenarios: a moderate increase in the use of advanced practice nurses (APRNs) and physician assistants (PAs), greater use of alternate settings such as retail clinics, and changes in payment and delivery (e.g., accountable care organizations, or ACOs).

Included for a fifth year, the AAMC's analysis of Health Care Utilization Equity Scenarios found that current U.S. demand could increase by between 74,100 and 145,500 physicians if health care utilization patterns are equalized across race, insurance coverage, and geographic location. This estimate was not included in the ranges of projections.

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Tomorrow's Doctors, Tomorrow's Cures®



Though the 2020 physician workforce projections were prepared before the pandemic, we recognize that COVID-19 is likely to have short- and long-term consequences for the nation's physician workforce, including changes in the specialties physicians choose, the educational pipeline, licensure and reimbursement regulations, how medicine is practiced, and workforce exit patterns. The COVID-19 pandemic has already highlighted shortages in specialty physicians, especially those with hospital-based specialties such as critical care, pulmonary care, and emergency medicine.

## Addressing the Doctor Shortage

Addressing the shortage will require a multipronged approach, including innovation in care delivery; greater use of technology; improved, efficient use of all health professionals on the care team; and an increase in federal support for residency training. The magnitude of the projected shortfalls is significant enough that no single solution will be sufficient to resolve physician shortages.

Because physician training can take up to a decade, a physician shortage in 2033 is a problem that needs to be addressed now.

The study is an update to last year's report. It incorporates the most current and best available evidence on health care delivery and responds to questions received after the release of the previous report. The AAMC has committed to updating the study annually to make use of new data and new analyses and to take an active role in fostering the conversation around modeling physician workforce projections.

For more information: [aamc.org/workforceprojections](https://aamc.org/workforceprojections)

### NOTES

1. Primary Care consists of family medicine, general internal medicine, general pediatrics, and geriatric medicine. Medical Specialties consist of allergy and immunology, cardiology, critical care, dermatology, endocrinology, gastroenterology, hematology and oncology, infectious diseases, neonatal and perinatal medicine, nephrology, pulmonology, and rheumatology. Surgical Specialties include general surgery, colorectal surgery, neurological surgery, obstetrics and gynecology, ophthalmology, orthopedic surgery, otolaryngology, plastic surgery, thoracic surgery, urology, and vascular surgery. The Other Specialties category consists of anesthesiology, emergency medicine, neurology, pathology, physical medicine and rehabilitation, psychiatry, radiology, and all other specialties.
2. The range in the projected shortfall for total physicians is smaller than the sum of the ranges in the projected shortfalls for the specialty categories. The demand scenarios modeled project future demand for physician services, but scenarios can differ in terms of whether future demand will be provided by primary care or nonprimary care physicians. Likewise, the shortfall range for total nonprimary care is smaller than the sum of the shortfall ranges for the specialty categories.
3. U.S. Census Bureau. 2017 National Population Projections Datasets. <https://www.census.gov/data/datasets/2017/demo/popproj/2017-popproj.html>. Published 2018. Accessed Dec. 12, 2019.