More Medicare-supported GME slots needed to curb doctor shortages

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A perfect storm created by a shrinking physician workforce and an aging population threatens access to health care. Congress can mitigate some of this risk by taking long-overdue action to increase the number of residency training slots to better meet the growing demand for physician services.

Elements of the gathering storm include a substantial increase in the number of seniors, who typically require higher levels of medical care. At the same time, the projected shortage of physicians in the years ahead threatens access to quality care not only for the elderly, but for all of us. This evolving crisis—many more patients seeking much higher levels of care from far fewer physicians—must be addressed now if we are to weather the coming storm.

One of the most promising legislative solutions to address this shortfall is now pending before Congress. The Resident Physician Shortage Reduction Act of 2023 (H.R. 2389/S. 1302; PDFs) is a bipartisan proposal to add 14,000 new Medicare-supported graduate medical education (GME) positions at the rate of 2,000 per year for seven years. The AMA enthusiastically supports this measure, and has joined forces with nearly 50 other organizations (PDF) within the GME Advocacy Coalition working to secure its passage.

Of course, this measure alone will not solve the physician shortage crisis. And because Congress is currently dealing with multiple demands on federal health care spending, passing the Resident Physician Shortage Reduction Act is far from certain**.** Given this reality, the AMA is also a strong supporter of related legislative proposals pending before Congress—including the Conrad State 30 and Physician Access Reauthorization Act (S. 665; PDF) and the Healthcare Workforce Resilience Act (H.R. 6205/S. 3211; PDFs).

There needs to be recognition that it will take seven to 10 years to train new physicians. In the interim, we should allow qualified international medical graduates who trained in the U.S. to stay and practice

here, particularly when they agree to provide care in rural and underserved areas. While at the same time also recapturing unused physician visas to address gaps in care.

Workforce and demographic considerations

According to the Association of American Medical Colleges, the shortage of physicians in the U.S. over the next decade is projected to increase to an estimated 86,000 physicians, including a shortage of tens of thousands of primary care doctors. My own specialty, otolaryngology, anticipates a shortage of at least 1,600 physicians by next year.

These shortages will increase patient wait times and further strain our ability to provide care to all who need it. The tremendous stress imposed by the COVID-19 pandemic—and the fact that one-fifth of the clinical physician workforce is 65 or older—are combining to reduce the size of the physician workforce due to burnout, retirement, or both.

The demographics of steady U.S. population growth plus a surge in the number of seniors—a nearly 55% increase in those 75 or older by 2036—will place enormous stress on a health care system that is already understaffed and under resourced thanks to two decades of cuts in Medicare reimbursement to physicians.

Continuing advances in geriatric medicine and health care technology mean that more people are living much longer than ever before. Projections from the U.S. Census Bureau tell us that the number of Americans reaching age 100 or older will increase more than four times over, from roughly 100,000 this year to an estimated 422,000, three decades from now. Compare that figure to the estimated 2,300 centenarians who were alive in 1950.

Allocation and equity

Unfortunately, the access crisis we face is driven not only by the overall shortage of physicians, but also by geographic and specialty maldistribution of physicians. The AMA and our partners in the Federation of Medicine support efforts to expand GME positions in rural and medically underserved areas of our nation. This means providing robust support for residency training programs at rural hospitals as well as hospitals serving patients in health professional shortage areas—and in particular, hospitals affiliated with historically Black medical schools.

Citing the shortages of primary care physicians and psychiatrists that exist today, Resident Physician Shortage Reduction Act would set aside a substantial portion of the newly created Medicare GME slots toward primary care residencies and psychiatric or psychiatric subspecialty residencies. While recognizing the current shortage in these specialties, the AMA prefers that the new slots be allocated to the specialty that is in need or is most desired by a particular locale. Favoring some specialties over others legislatively could have the effect (PDF) of creating future shortages in those specialties that

are not considered priorities today.

Building on progress

The current effort to boost Medicare-supported GME positions follows on the heels of earlier action along these lines—but the latest proposal packs much more of a punch. Congress provided 1,000 new GME positions in the Consolidated Appropriations Act, 2021, which was notable as the first increase in nearly 30 years. Similar action was taken two years later, when the Consolidated Appropriations Act, 2023 created 200 new federally supported GME residencies in psychiatry and psychiatry subspecialities.

This fall, Congress has a golden opportunity to build on these efforts to bolster the physician workforce by passing measures that support physician workforce expansion. Because educating and training a physician can take a decade or longer, waiting is not an option. We must take steps now to ensure we can provide proper care for an aging U.S. population. The proposals Congress is considering hold real promise in addressing the health care needs of our nation.