

## ***The State of the Physician Workforce: Trends, Developments and Lessons***

**Edward Salsberg**  
Associate Vice President  
Director, Center for Workforce Studies

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### ***Key Points***

- Continued analysis confirms the likelihood of a shortage
- Older physicians are likely to retire earlier than we thought
- Younger physicians, particularly female physicians, greatly value lifestyle and this may lead to fewer hours of patient care
- MD graduates increasing slowly and additional expansion likely
- DO graduates continue to grow rapidly
- IMGs continuing to increase driven by US IMGs
- GME slots rising slowly; not clear if sufficient to handle medical education growth
- The number of NPs, PAs, and other NPCs are growing very rapidly
- Primary care specialties are facing a variety of challenges
- The public and congressional staff are aware of physician shortages
- Changes in the system of care are needed to use physicians more effectively and address physician needs
- The Dartmouth studies of variations are not workforce studies and are inappropriate for workforce planning

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### ***Overview of Presentation***

1. Key Factors Influencing Future Supply: Recent Trends
  - ? US MDs; DOs; IMGs
  - ? Practice patterns of older and younger physicians
2. Key Factors Influencing Future Demand
3. Comparing Supply to Demand
4. Beyond Shortages: Specialty Distribution and Primary care
5. Congressional Staff and Voter Perceptions
6. Do Physicians Make a Difference? Responding to the Dartmouth School of Thought
7. Next Steps

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### ***Sources of Data***

- 2006 AAMC/Specialty Society/AMA Survey of Physicians Over 50
- 2006 AAMC-AMA Survey of Physicians Under 50
- 2006 AAMC Survey of Deans' Enrollment Plans
- 2006 AMA Masterfile
- 2006 AAMC/AMA GME Data
- AAMC Student Records System
- American Association of Colleges of Osteopathic Medicine (AACOM)
- ECFMG
- American Association of Physician Assistants
- American Journal of Nurse Practitioners
- American Association of Schools of Pharmacy
- Health Resources and Services Administration
- New York State Center for Health Workforce Studies

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### AAMC's 2006 Workforce Position

- Expand US MD enrollment by 30% by 2015
- Eliminate GME caps
- Leave specialty choice up to students
- Expand NHSC by 1500 positions
- Increase the diversity of the workforce
  
- Conduct a study of physician mal-distribution
- Examine options for assessing medical schools outside of the US targeted to Americans
- Encourage improved medical education in less developed parts of the world

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### Key Factors Influencing the Future Supply of Physicians

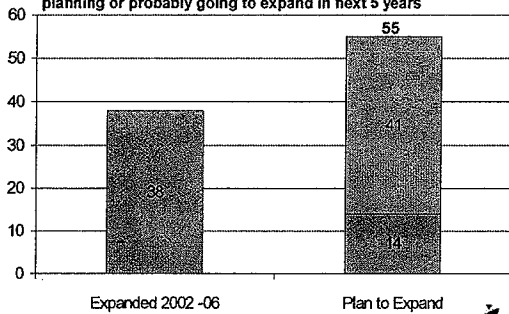
1. US Medical school enrollment
2. Osteopathic enrollment
3. Inflow of IMGs
4. Aging of physician workforce & retirement patterns
5. Gender and generational differences
6. Use of NPs, PAs and others

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### 79 of 125 Schools Have Expanded, Plan to Expand or Will Probably Expand by 2012 (2006 Survey)

Number of schools that have recently expanded and/or are planning or probably going to expand in next 5 years



Note: 14 schools that expanded in the past 3 years also plan to or will probably expand further in the future



### Medical Schools are Actively Assessing Whether to Expand Enrollment and/or Planning Their Expansion

Percent of Schools Indicating They Had Undertaken the Action

Assessment of the financial needs and/or implications of expansion	51%
Assessment of the depth and quality of the applicant pool	50%
Constructed new teaching space and/or reconfigured existing space	33%
Developed new teaching or curriculum methods and practices	33%
Hired new faculty	16%

Sources: 2006 AAMC Survey of Medical School Enrollment Plans  
N=106

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**Applicants to Medical School are up for the Fourth Consecutive Year**

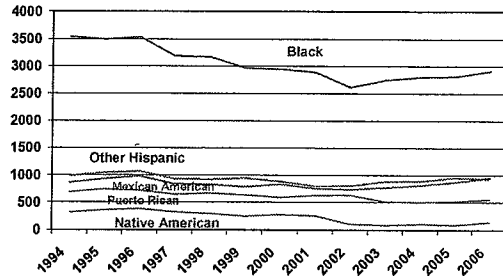
Year	Total	% Change from Prior
1996	46,965	0.8%
1997	43,016	-8.4%
1998	40,996	-4.7%
1999	38,443	-6.2%
2000	37,088	-3.5%
2001	34,860	-6.0%
2002	33,625	-3.5%
2003	34,791	3.5%
2004	35,735	2.7%
2005	37,373	4.6%
2006	39,109	4.6%

Source: AAMC Data Warehouse - Oct, 2006

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**Applications from Most Minority Race/Ethnic Groups Have Increased or Held Steady**

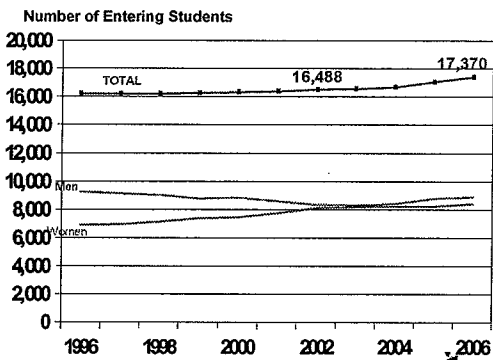


Source: AAMC Data Warehouse - Oct, 2006

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**First Year MD Enrollment is up 5% from 2002**



Source: AAMC Data Warehouse

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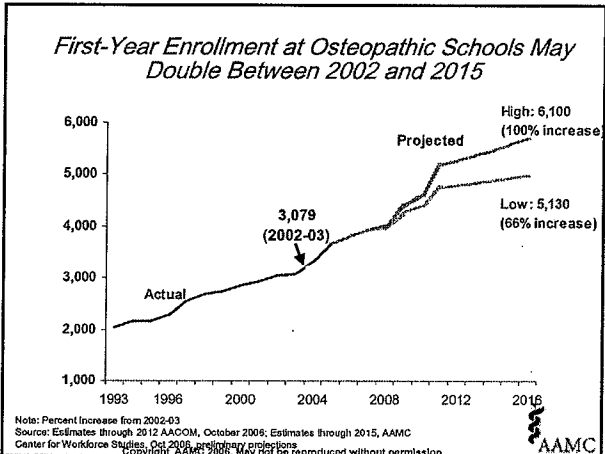
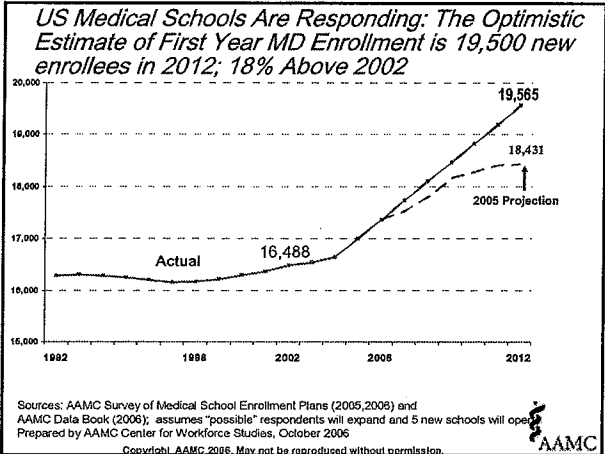
**There are a Number of Possible New Medical Schools But It's a Long Path from Conception to Students to Graduates**

- Touro Florham Park, NJ
- Florida International Miami, FL
- Central Florida Orlando, FL
- Texas Tech El Paso, TX
- Univ. of California Riverside, CA
- Univ. of California Merced, CA
- Univ. of Arizona Phoenix, AZ
- Florida Atlantic Boca Raton, FL
- UMDNJ Camden, NJ
- Northeast Pennsylvania Scranton, PA
- Memorial Health Savannah, GA

Prepared by the AAMC Center for Workforce Studies, Oct 2006

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**IMG trends**

- Number entering GME
- Source countries
- Number of US citizens going abroad
- ECFMG Applicants
- ECFMG Certificates

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**The Number of IMGs Entering GME Has Grown By More Than 21% Over the Past Decade**

	IMGs Entering GME*
1995-96	5,410
1996-97	5,379
1997-98	5,414
1998-99	5,371
1999-00	5,905
2000-01	6,097
2001-02	6,170
2002-03	6,208
2003-04	5,935*
2004-05	6,343
2005-06	6,557
Change 1996 - 06	+1147 (+21%)

For 1995/96 ? 2002/03 based on From 246 IMGs as of August 2004;  
\* For 2003-04 to 2005/06 source is AAMC GNETrack  
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**Where Do IMGs Entering Residency Training Go to Medical School: Three of Top 5 Countries are in the Caribbean**

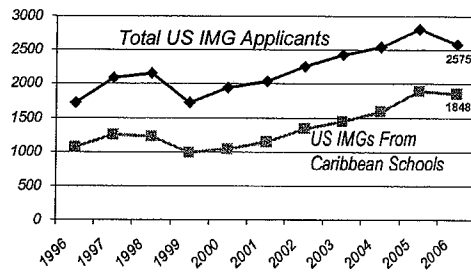
	2003	2004	2005	3 Year Total
India	1,442	1,592	1,629	4,663
Pakistan	475	443	472	1,390
Dominica (Ross)	312	321	376	1,009
Grenada (St. Georges)	348	348	363	1,059
Netherland Antilles	177	225	255	657
Philippines	245	268	236	749
China	156	197	210	563
Nigeria	138	161	146	445
Mexico	132	157	145	434
Iran	92	124	140	356
Colombia	95	134	128	357
Syria	124	126	118	368
Israel	114	119	109	342
Russia	107	114	101	322

Source: AAMC GME Track

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**# of New US IMG Applicants for ECFMG Certification above 2,500 for Third Consecutive Year, About 3/4<sup>th</sup> from Caribbean Schools**

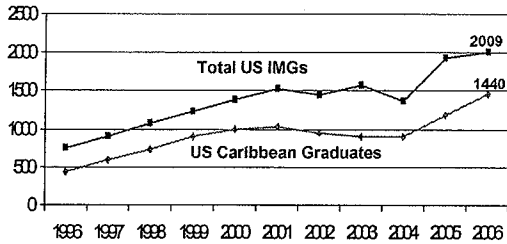


Source: ECFMG

Note\*: 2006 numbers are estimates based on applicants as of 10/23/06



**The Number of US IMG's Certified by the ECFMG Continues to Rise**



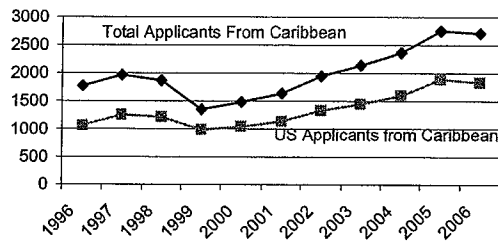
Source: ECFMG

Note\*: 2006 numbers are estimates based on applicants as of 10/23/06

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**The Caribbean Schools Are Also a Growing Path to American Medicine for Non-US Citizens**



Source: ECFMG

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*Entrants into Residency Training Have been Rising from All Medical Education Sources*

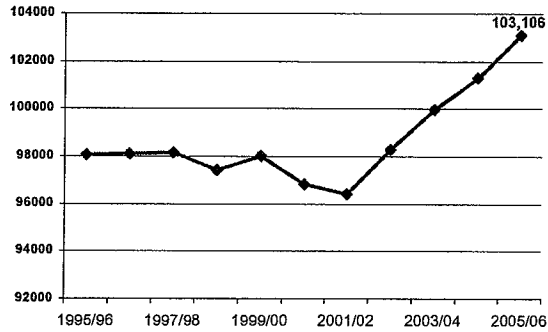
	2003	2004	2005
USMD	14,842	15,093	15,373
All IMG	5,935	6,343	6,557
DO	1,368	1,489	1,551
Total	22,329	23,052	23,604

Source: AAMC GME Track

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*Total # of Residents in ACGME Training Positions Increased for 4<sup>th</sup> Consecutive Year*



Source: JAMA annual Medical Education Issues

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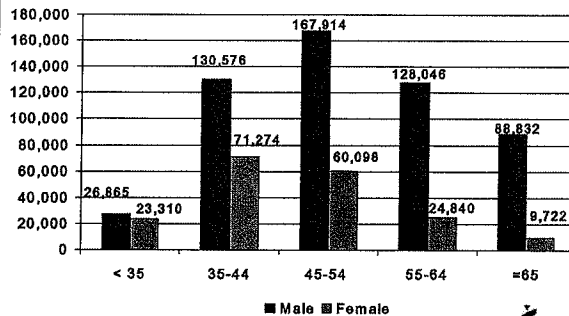
*The Results of the Survey of Physicians Over 50: Workforce and Other Implications*

- Number of Physicians over 50
- Results of the Survey of Physicians Over 50
  - Retirement patterns
  - Work hours by gender and age
  - Factors that are important in considering retirement

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*One out of Three Active Physicians Are Over the Age of 55*

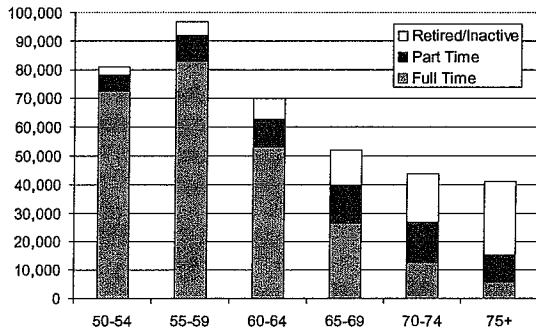


Source: 2005 AMA Masterfile

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**Physicians More Likely to Work Part Time or to be Retire as They Age**

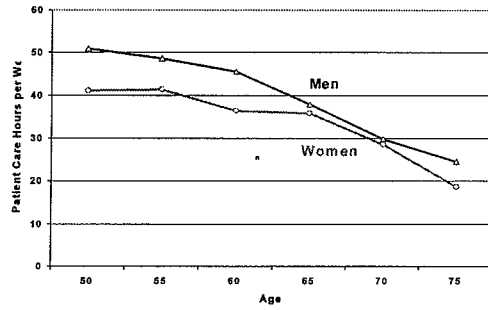


Source: 2006 AAMC Survey of Physicians 50 and Older

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**Patient Care Hours Per Week Decreases With Age for Both Men and Women**



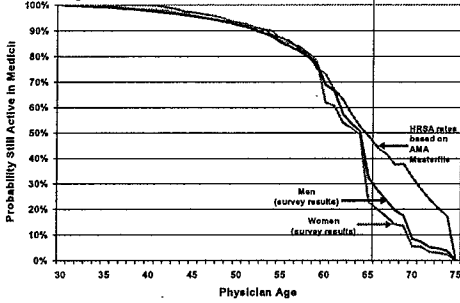
Source: AAMC Survey of Physicians Over 50

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**Physicians Appear to be Retiring Earlier Than Previous Forecasting Models**

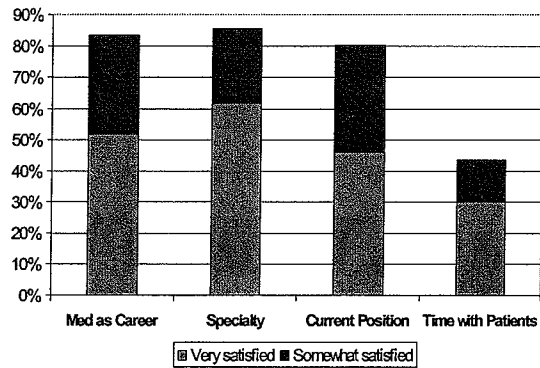
**Probability Still Active in Medicine**



Sources: AAMC Survey of Physicians Age 50 and Older; HRSA  
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**Physicians Over 50 Are Generally Satisfied**

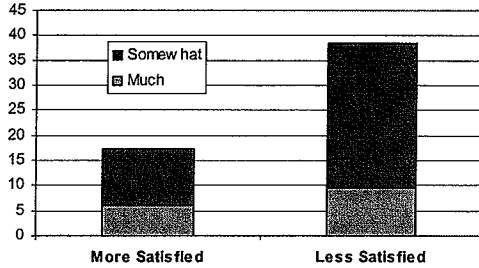


Source: 2006 AAMC Survey of Physicians 50 and Older



### Winds of Discontent: 1 of 3 Less Satisfied Than Three Years Ago

Percent Satisfied Compared to Three Years Ago



Source: Survey of Physicians Over 50

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### Factors Influencing Retirement

Source: 2006 AAMC Survey of Physicians Over 50

% "Very Important"

	50-59	60+
Stress of practice	52%	33%
Insufficient reimbursement	51%	38%
Increased regulation of medicine	49%	45%
Decreasing clinical autonomy	45%	38%
On call responsibility	42%	33%
Rising malpractice costs	41%	40%
Lack of professional satisfaction	38%	26%
Interest in pursuits not related to medicine	31%	21%
Personal health issues	26%	23%
Effort to keep clinically current	20%	21%
Increased family responsibilities	18%	10%
Recertification requirements	16%	12%
Increasing competition in specialty	10%	7%

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### Factors Influencing Retirement: Some Variations by Gender

Source: 2006 AAMC Survey of Physicians Over 50

% "Very Important"

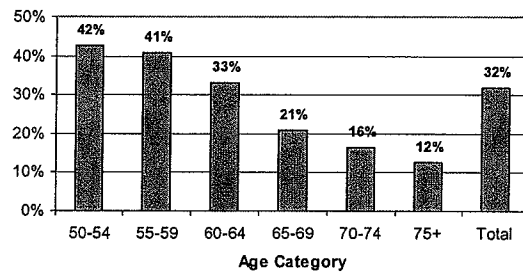
	Women	Men
Stress of practice	50%	41%
Insufficient reimbursement	45%	44%
Increased regulation of medicine	46%	47%
Decreasing clinical autonomy	43%	41%
On call responsibility	41%	38%
Rising malpractice costs	41%	42%
Lack of professional satisfaction	39%	31%
Interest in pursuits not related to medicine	33%	24%
Personal health issues	29%	22%
Effort to keep clinically current	31%	19%
Increased family responsibilities	24%	11%
Recertification requirements	21%	14%

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### One out of three would retire today if they could afford to

Percent of active physicians over 50 who would retire today, by age



Source: 2006 AAMC Survey of Physicians 50 and Older

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*Younger Physicians: Preliminary Results from the AAMC/AMA Survey of Physicians Under 50*

- Importance of balancing personal life and work
- Gender differences



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*Time for Family/Personal Life Most Important Factor in Desirable Position For Physicians Under 50*

	<b>% Very Important</b>
Time for family/personal	69%
Adequate support staff and services	41%
Long term income potential	39%
Practice income	37%
Health insurance coverage	34%
Flexible scheduling	33%
No or very limited on-call	28%
Adequate patient volume	28%
Opportunity to advance professionally	27%



Source: 2006 AAMC Survey of Physicians Under 50 (preliminary data)

*Women more interested in balance, slightly less focused on income*

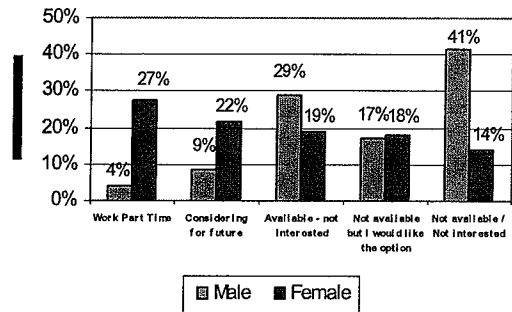
<b>BALANCE</b>	Male	Female
Time for family/personal life	62%	<b>80%</b>
Flexible scheduling	23%	<b>51%</b>
No / limited on call	20%	<b>42%</b>
Minimal practice mgmt responsibility	9%	<b>15%</b>

<b>INCOME</b>	Male	Female
Long term income potential	<b>42%</b>	35%
Practice income	<b>40%</b>	30%
Adequate patient volume	<b>30%</b>	25%
Opportunity to advance professionally	<b>29%</b>	23%



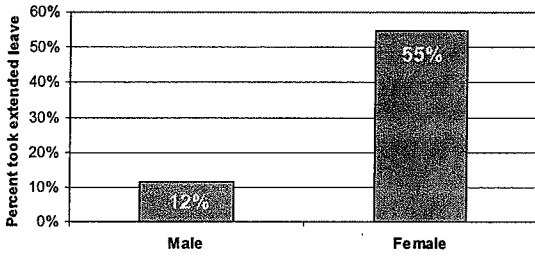
Source: 2006 AAMC Survey of Physicians Under 50 (preliminary data)  
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*Women more likely to work part time and more interested in part time work*



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*The majority of female respondents of Under 50 Survey have taken some form of extended leave from work*



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*Most common form of extended leave is family leave*

	Male	Female
Family	3%	43%
Personal Health	4%	14%
Additional GME	2%	2%
Other	6%	12%

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*Not interested in working more hours to earn more money*

Willing to work longer hours for more pay  
66% NO

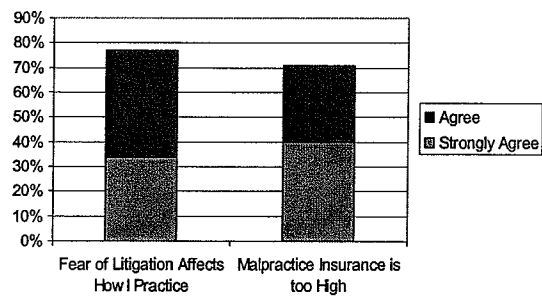
Would reduce hours if could afford to  
80% YES

Currently working/interested in part-time hours  
43% YES

Source: 2006 AAMC Survey of Physicians Under 50 (preliminary data)  
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*3 out of 4 physicians agree that fear of litigation affects how they practice medicine*



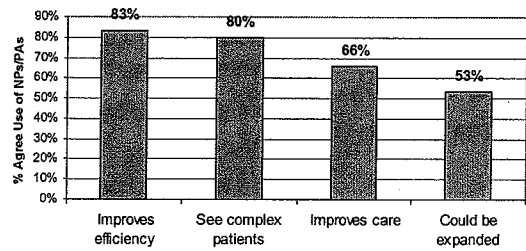
Source: 2006 AAMC Survey of Physicians Under 50 (preliminary data)  
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## The Supply of Nurse Practitioners, Physician Assistants and Pharmacists



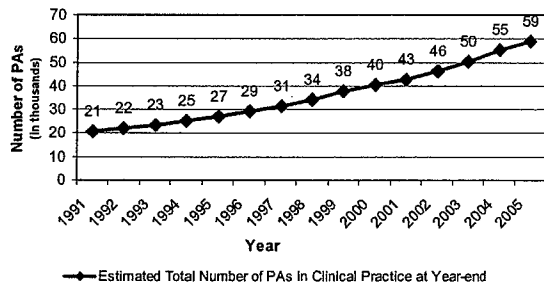
## Physicians That Regularly Work with NPs/PAs Agree that it Improves Efficiency and Care



Source: 2006 AAMC Survey of Physicians Under 50 - Preliminary Results  
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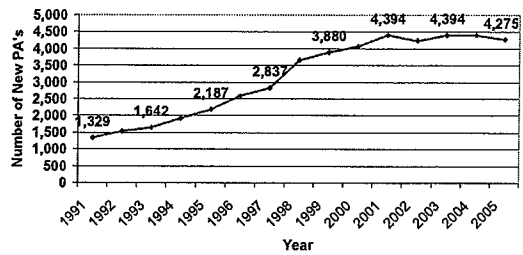
## Clinically Active PAs Have Nearly Tripled in the Past 15 Years (in thousands)



Source: American Academy of Physician Assistants  
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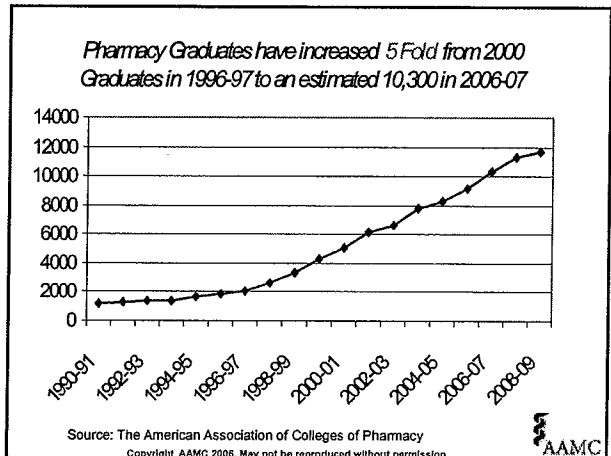
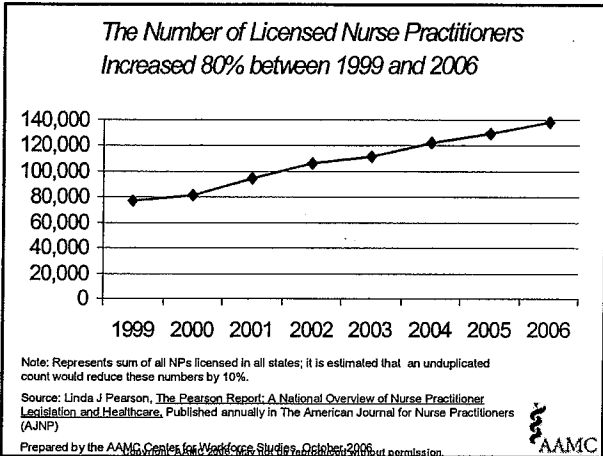


## The Number of PAs Will Continue to Grow Rapidly as the Number of New Graduates Per Year Has Tripled in the Past 15 Years



Source: American Academy of Physician Assistants  
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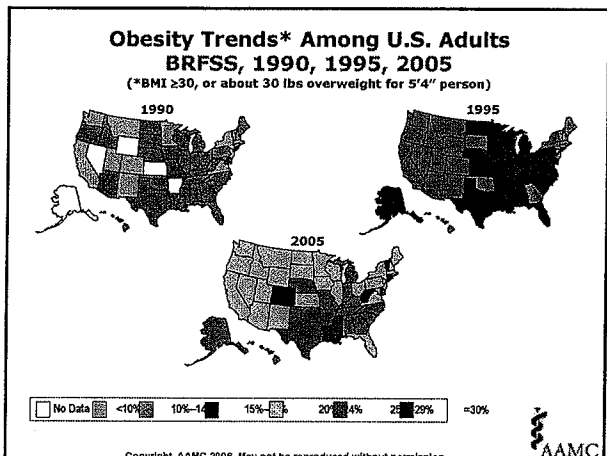


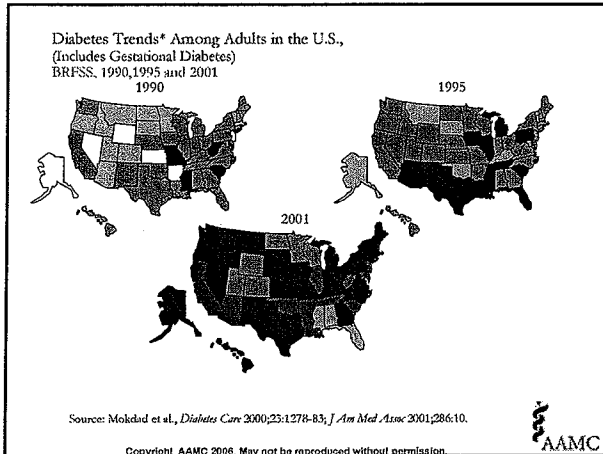
### Key Factors Influencing Future Demand for Physician Services

- ? Population growth ↑
- ? Aging of the population ↑
- ? Life Style factors ↑
- ? Economic growth of the nation ↑
- ? Public expectations ↑
- ? National investment in health care interventions ↑
- ? Improved diagnosis and treatment ↑ ↓
- ? Changes in organization, delivery, financing ↑ ↓
- ? Cost containment efforts ↓

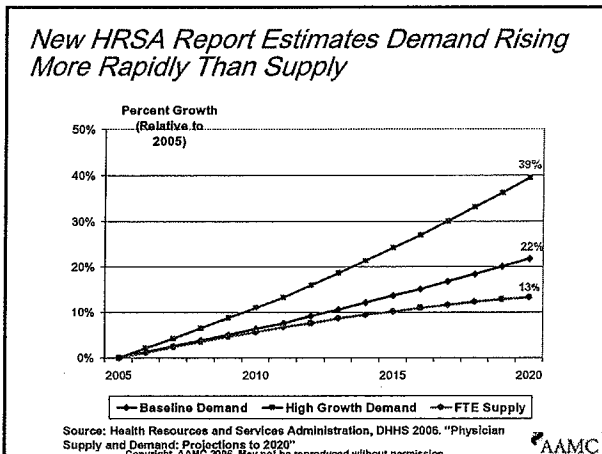
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AAMC





*Supply and Demand in 2020:  
The Bottom Line*



*Physician Demand Will Exceed Supply*

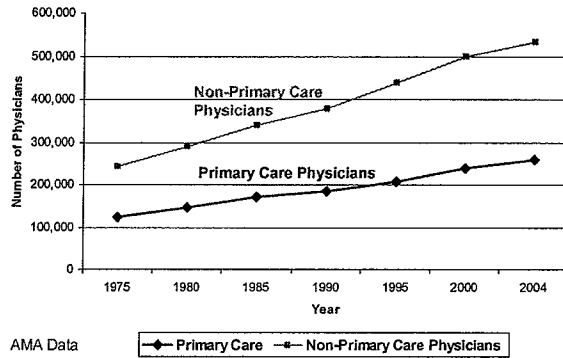
- > Using 2000 physician data and prior retirement rates and work patterns by younger physicians the new HRSA report estimates a significant shortage of physicians in 2020.
- > Using 2006 data, retirement patterns from Survey of Over 50 and practice patterns from Survey of Physicians Under 50, AAMC will forecast supply and demand through 2025

## Beyond Physician Shortages

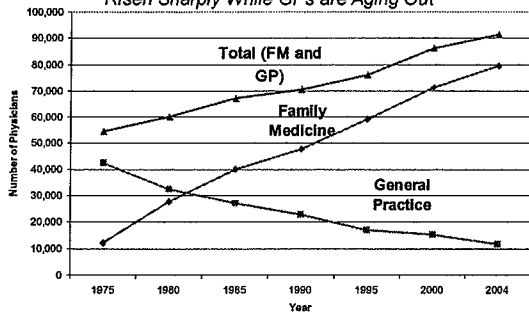
Specialty trends and issues  
The Primary Care "Crisis"



*The Total Number of Primary Care Physicians Continues to Rise and the Proportion of Total Physicians in Primary Care Remains Stable (33%)*



*The # of Formally Trained Family Physicians Has Risen Sharply While GPs are Aging Out*

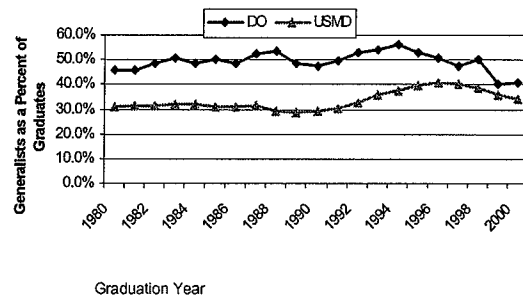


Source: AMA Physician Characteristics and Distribution 2006

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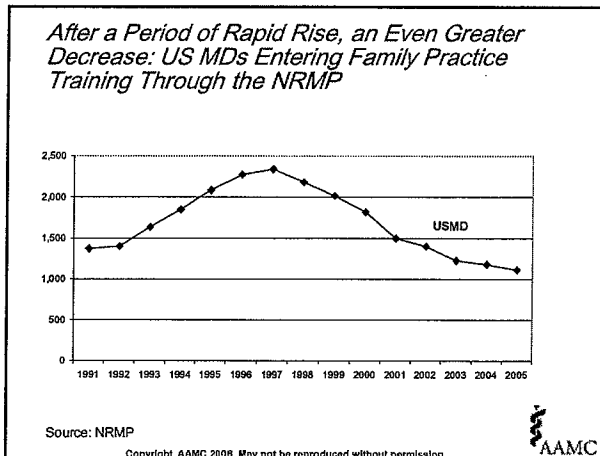
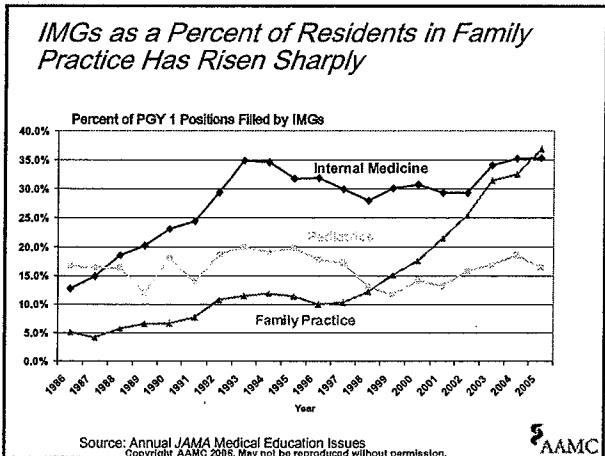
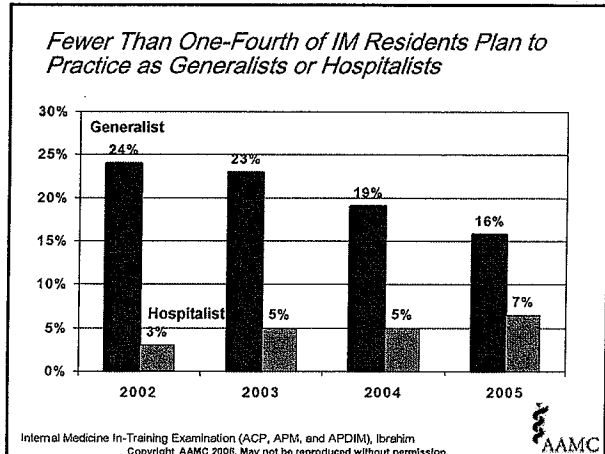
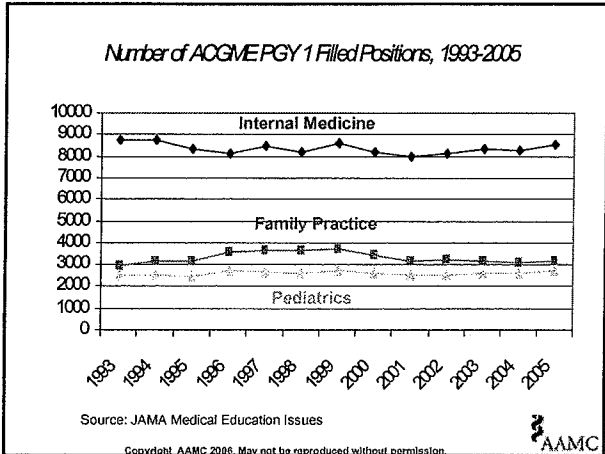
*Percent of US Graduates Currently Practicing as Generalists Has Been Relatively Constant*



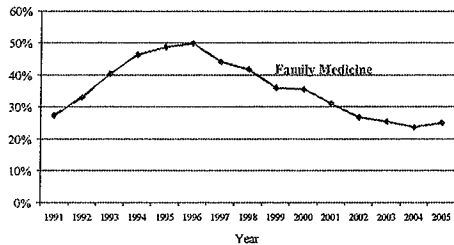
Source: 2005 AMA Masterfile Data  
Prepared by Center for Workforce Studies, Oct 2006

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*Percent of New PAs Entering Family Medicine Parallels the Rise and Fall of MDs Going into Family Practice 1991-2005*



\*PAs graduating in year immediately preceding the census reference year are considered Now Graduates.

Sources: AAPA Membership Census Survey, 1991-1995; AAPA Physician Assistant Census Survey, 1996-2005.

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*Primary Care Physicians Over 50 are Concerned with Increasing Regulation of Medicine, Insufficient Reimbursement, Stress of Practice and Decreasing Clinical Autonomy*

Percent Ranking Issue as "Very Important" in Thinking About Retirement	Primary Care	Non-PCP
Increasing regulation of medicine	52	48
Insufficient reimbursement	50	45
Stress of practice	48	43
Decreasing clinical autonomy	46	43
Rising malpractice costs	40	44
On-call responsibilities	36	38
Lack of professional satisfaction	33	32
Interests in pursuits not related to medicine	27	25

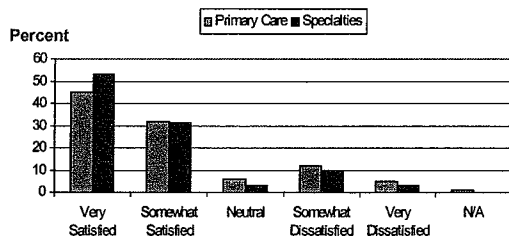
Source: AAMC Survey of Physicians Over 50

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*Specialists are More Likely to be "Very Satisfied" with their Career in Medicine Compared to Primary Care Practitioners*

Satisfaction with medicine as a career

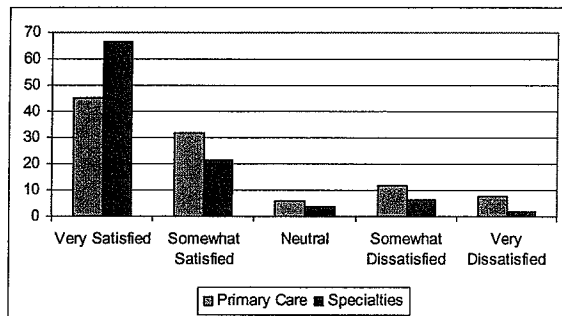


Source: Results of the AAMC Survey of Physicians Over Age 50

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*Specialists are More Likely to be "Very Satisfied" with Their Specialty Than Primary Care Physicians*

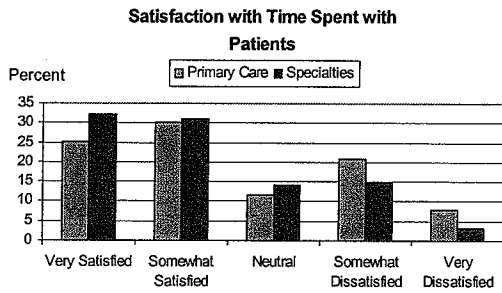


Results of the AAMC Survey of Physicians Over Age 50

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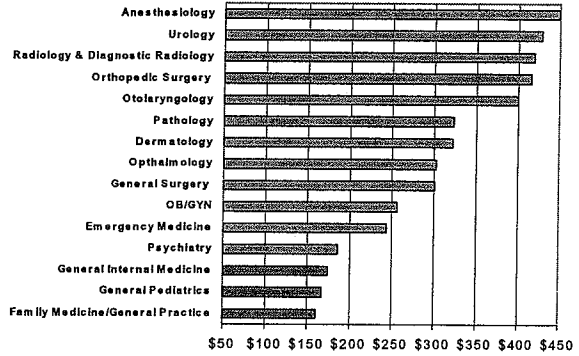
**Primary Care Physicians are Less Satisfied with Time Spent with Patients**



Source: Results of the AAMC Survey of Physicians Over Age 50  
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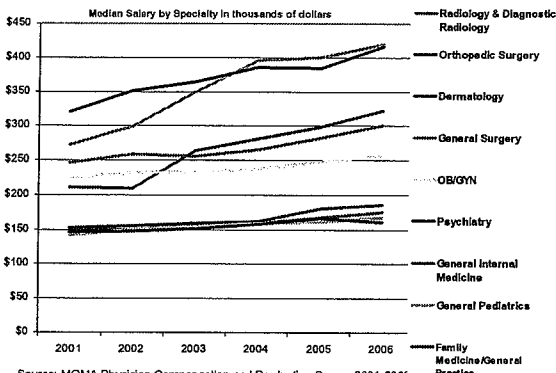
**Primary Care Income Far Less Than Most Other Specialties**  
Median Salary by Specialty in thousands of dollars



Source: MGMA Physician Compensation and Production Survey 2001-2006  
Prepared by AAMC Center for Workforce Studies, October 2006  
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**...and the Difference Between Primary Care and Other Specialties is Growing**



Source: MGMA Physician Compensation and Production Survey 2001-2006  
Prepared by AAMC Center for Workforce Studies, October 2006  
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**The Current Job Market: Results from the New York State Survey of Residents Completing Training: Strong Demand**

- Strong demand for:
  - urology
  - cardiology
  - anesthesiology
  - dermatology
  - gastroenterology
  - child psychiatry,
  - pulmonology
- Highest starting incomes: cardiology (\$219K), anesthesiology (\$214K), radiology (\$212K), orthopedic surgery (\$211K)

Source: Albany Center for Health Workforce Studies 2005 Resident Exit Survey  
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*The Current Job Market for Physicians  
Completing Training: Weak Demand*

- Weak demand for:
  - PM&R
  - Pathology
  - Ophthalmology
  - Pediatrics
  - Geriatrics
  - Pediatric subspecialties
  - Generalists
  
- Lowest starting incomes: primary care (\$128K)

Source: Albany CHWS 2005 Resident Exit Survey

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*Specialties for Which Demand in 2020 is  
Expected to Exceed Supply (HRSA Report)*

- General Surgery
- Urology
- Ophthalmology
- Cardiology
- Pathology
- Orthopedic Surgery
- Internal Medicine sub-specialties
- Otolaryngology
- Radiology
- Psychiatry

Source: HRSA, Projections to 2020 Physician Supply and Demand: Projections to 2020. Report prepared by The Lewin Group and Altarum Institute.  
Prepared by AAMC Center for Workforce Studies, October 2006

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*Conclusions on the Primary Care "Crisis"*

- Total number of physicians training in primary care has been relatively stable and the total in practice continues to increase
- The demand for primary care physicians as expressed through compensation and job opportunities is less than other specialties
- Primary care physicians are generally satisfied with medicine and their specialties but less satisfied than non-primary care specialties
- The number of US MDs and DOs selecting primary care specialties is decreasing; this may reflect life style issues and the lower level of satisfaction, low levels of reimbursement, and shortage of US graduates in comparison to GME slots
- The number of IMGs entering primary care has been growing
- Delivery system and reimbursement changes appear to be the key to addressing the primary care "crisis"

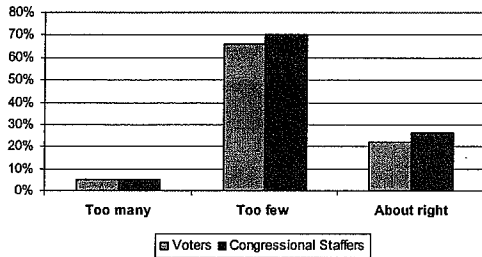
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*Congressional and Voter Perceptions  
Related to a Physician Shortage*



**The Vast Majority of Voters and Congressional Staff Believe There Will be a Shortage of Physicians in Ten Years**

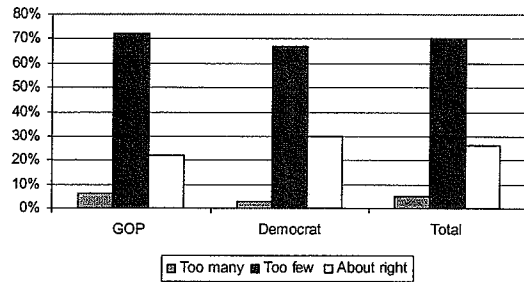


Question: "In the next ten years, do you think there will be too many, too few or just about the right number of physicians in the US?"  
 Source: AAMC Congressional Omnibus/National Survey - Voters: June 2006; Congressional Staff: Oct 2006

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**Republican and Democratic Congressional Staffers Believe There Will be a Shortage of Physicians in Ten Years**



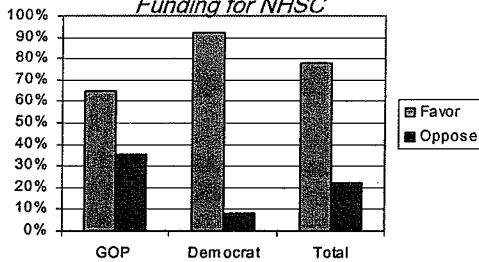
Question: "In the next ten years, do you think there will be too many, too few or just about the right number of physicians in the US?"

Source: AAMC Congressional Omnibus/National Survey - Oct 2006

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**Congressional Staffers of Both Parties But Especially Democrats are Very Supportive of Increasing the Funding for NHSC**



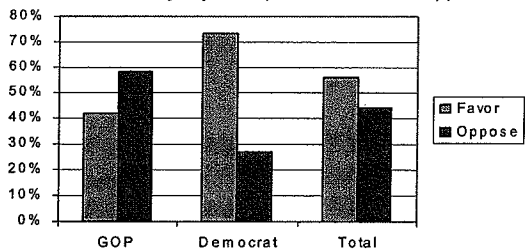
Question: "The NHSC offers federally funded scholarships and a loan repayment program for physicians who practice in underserved areas. If you learned there was a proposal before Congress to increase the federal funding for the National Health Service Corps, would you favor or oppose this proposal?"

Source: AAMC Congressional Omnibus/National Survey - Oct 2006

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**Democratic Staffers Support Eliminating the Cap on GME Positions Funded by Medicare by a Margin of Greater than 2 to 1, But a Majority of Republican Staffers Oppose**



Question: "If there was a proposal before Congress to eliminate the cap on the number of residency positions funded by Medicare to help increase the number of physicians in the US, would you favor or oppose this proposal?"

Source: AAMC Congressional Omnibus/National Survey - Oct 2006



*Does Physician Supply Matter?  
Responding to the Dartmouth Papers*

- Perception and Impact of Dartmouth papers
- Fallacies and limitations and methodological problems
- The challenges of measuring supply and outcomes of the physician workforce
- The relationship between resource variation and physician workforce forecast
- The need for unbiased research

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*Problems Measuring Use of Care and Outcomes of Care*

- Measuring supply: counting physicians/lumping specialties together
- Measuring outcomes
- Linking the supply to outcomes
- Shortcomings of using the last 6 months of life
- Challenges to comparing across community and case mix adjustment

Measuring patient outcomes by “starting at death and working backwards” may not adjust for a lifetime of varied health care.

Difficulty in measuring gains in outcomes as supply increases

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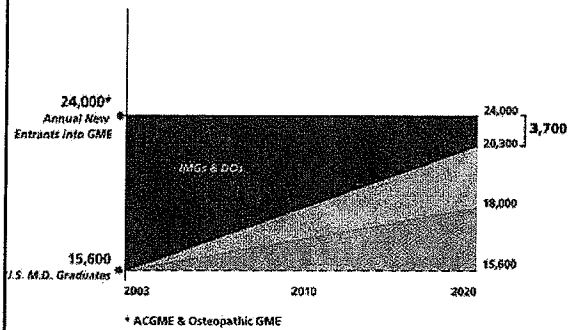
*The Gap from Findings of Variation to Workforce Policy*

- It is inappropriate to applying variation analysis to workforce needs
- Unlikely to eliminate all unnecessary care
- Impact of a shortage on access and quality
- The time needed to produce a US educated physician
- The IMG GME cushion

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*A 30% Expansion Can Be Accommodated*



MC

## *Closing Comments*



## *What Can be Done to Better Assure Access to Care in the Future? Next Steps*

- Continue to promote increases in medical school capacity and GME funding
- Promote efforts to make more effective use of our limited physician supply, such as through the expansion of interdisciplinary education and care
- Recognize and respond to physician life-style concerns, i.e. promote flexible scheduling including part time work
- Address the concerns of malpractice, paperwork and regulation: they not only reduce productivity but they also contribute to earlier retirement
- Improve data collection/workforce studies and expand collaboration among health professions organizations on data and workforce policies

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## *Upcoming Physician Workforce Activities*

- Meeting of AAMC/AMA/CMSS Specialty Society Data Workgroup (November)
- Report on the results of the survey of medical school expansion plans (November)
- Report on the findings from the Survey of Physicians Over 50 (December)
- New forecasts on future physician supply and demand (January '07)
- Report on the findings from the Survey of Physicians Under 50 (May '07)
- Third Annual AAMC Physician Workforce Research Conference (May '07)
- Report on study of physician mal-distribution (June '07)

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