

# Are we on the cusp of A physician shortage? Not really, says one expert

6 August 2015, by Emily Grebenstein



Credit: Petr Kratochvil/public domain

A George Washington University researcher is challenging the prevailing wisdom that the U.S. is facing a major physician shortage.

A 2015 projection issued by the Association of American Medical Colleges (AAMC) predicted an overall physician shortfall of 41,000-90,000 in the U.S. by 2025. However, in a perspective published in *Academic Medicine* last month, Edward Salsberg, research instructor at GW's School of Nursing, cites three important factors that change his viewpoint:

1. The rapid growth and integration of physician assistants, nurse practitioners and other [health](#) professionals into the field

2. The redesign of the health delivery system, including the greater use of teams and incentives to improve efficiency and effectiveness
3. Advanced technology

Because these factors have changed more rapidly than anticipated, Mr. Salsberg argues that a general physician shortfall is unlikely to occur.

"I no longer believe the nation is facing a general physician shortage; but to be clear, we do face shortages in individual communities and specialties," said Mr. Salsberg. "The maldistribution of physicians requires a different policy response than a general shortage."

Mr. Salsberg is also director of health workforce studies at GW's Health Workforce Institute and professorial lecturer at GW's Milken Institute School of Public Health. In prior positions, Mr. Salsberg was responsible for [physician](#) projections made by the federal government and the AAMC. He served as director of the workforce centers at the federal Health Resources and Services Administration from 2010 to 2013, and was responsible for developing the projections that predicted the shortfall.

To help offset the perceived shortage, some health organizations have advocated for an increase in graduate medical education (GME) funding, however Mr. Salsberg endorses recommendations from an Institute of Medicine (IOM) committee that the current system for financing GME funding better allocate existing awards.

"The IOM committee provides a rational framework to better target the \$10 billion spent annually by the federal government on GME to meet our future health workforce needs," continued Mr. Salsberg. "It would serve the medical education community and the nation to move forward on the committee recommendations."

**More information:** "Is the Physician Shortage Real? Implications for the Recommendations of the Institute of Medicine Committee on the Governance and Financing of Graduate Medical Education."

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