




# PREDICTED PHYSICIAN STAFF SHORTAGES IN U.S. HEALTHCARE — AN HRM PERSPECTIVE

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# Purpose

- Explore the national physician shortage through the lens of Human Resource Management (HRM).
  - Review HRSA and AAMC workforce projections to understand the scope of the shortage.
  - Examine root causes, including demographics, medical education challenges, burnout, and regulatory factors.
  - Apply HRM concepts such as strategic workforce planning, recruitment and retention strategies, and job redesign.
  - Present actionable solutions and leadership lessons for healthcare organizations.
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# Importance to Healthcare Leadership

- National shortage is projected to exceed 87,000 physicians by 2036
- Critical shortages in primary care and inpatient specialties.
- Creates bottlenecks, burnout, and financial strain.
- Requires HR and medical staff partnership.

(Adashi et al., 2025)

# Physician Workforce Outlook (HRSA & AAMC)

- HRSA: shortages may reach 187,000 by 2037.
- AAMC: shortages of 13,500 to 86,000 by 2036
- Primary care: 20,200 to 40,400 short by 2036.
- Surgical specialties: 10,100 to 19,900 short.
- Rural shortages: 48% vs. 1% in metro regions

(Adashi et al., 2025)



# Key Drivers of the Physician Shortage

# Medical Education Pipeline Challenges

- Financial Barriers
  - Average medical-student debt is around \$200,000
  - Debt drives students toward high-paying specialties
- Curricular & Cultural Issues
  - Medical schools prioritize specialty care
  - Students feel unprepared for general practice
  - General practice perceived as lower prestige
  - Resistance to curriculum modernization

(Adwer et al., 2024); (Wiedermann, 2023)

# International Medical Graduates (IMGs) & New Pathways

- 15+ states pursuing GME-bypass supervised-practice pathways
- Allows IMGs to practice without full U.S. residency
- ACGME-I: 23 institutions in 13 countries
- Benefits: accelerates workforce expansion
- Risks: lack of standardized competency oversight.

(Abdel-Razig & Stoller, 2025)

# Role of Medical Staff Leadership (MSL)

- Why MSL Involvement is Essential
  - Governance of credentialing, privileging, FPPE, OPPE
  - Ensures competency, quality, and patient safety
- Responsibilities
  - Competency-based onboarding for IMGs
  - Define supervision levels and evaluation milestones
  - Collaborate with HR to standardize assessment

(Abdel-Razig & Stoller, 2025)

# HRM Analysis: Strategic Workforce Planning

- Forecast retirements, turnover, and service-line demand
- Partner with residency programs to grow workforce pipelines
- Identify inpatient and specialty vulnerabilities
- Use predictive analytics to anticipate shortages

(Adashi et al., 2025)

# HRM Analysis: Recruitment & Retention

- Recruitment
  - Signing bonuses, relocation assistance, international recruitment
  - Conrad 30 Waiver Program for IMGs
- Retention (HRM Theory)
  - Herzberg: motivators → autonomy, recognition
  - JD-R Model: reduce demands, increase resources
  - Job Embeddedness: strengthen community ties

(Adashi et al., 2025)

# Technology, Automation & Workflow Redesign

- 88% of healthcare leaders view automation as critical
- AI reduces clerical/documentation burden
- Virtual care eases staffing pressure
- Workflow redesign improves retention and reduces burnout

(Royal Philips, 2024)

# Organizational Impact of Physician Shortages

- Operational
  - Delayed surgeries, longer LOS, throughput issues
- Financial
  - Vacancy cost: \$250K to 1M + per physician
  - Primary Care turnover: \$979M annually due to burnout
- Quality & Safety
  - Higher medical errors and reduced patient satisfaction

(Adashi et al., 2025)

# Solutions: Short-Term Strategies

- Schedule flexibility & call burden reduction
- HER optimization; scribe support
- Wellness programs & burnout mitigation
- Strengthen FPPE/OPPE for IMG pathways

(Abdel-Razig & Stoller, 2025); (Adashi et al., 2025)

# Solutions: Medium-Term Strategies

- Expand residency programs and GME partnerships
- Simulation-based competency evaluation
- Structured mentorship and residency pipelines
- HR analytics for turnover and vacancy forecasting

(Abdel-Razig & Stoller, 2025); (Adwer et al., 2024)

# Solutions: Long-Term Strategies

- Reform medical-school curricula
- Increase primary-care training slots
- Expand GME funding nationally
- Integrate APPs (NPs/Pas) strategically
- Strengthen academic-hospital partnerships

(Wiedermann, 2023); Adwer et al., 2024);

(Adashi et al., 2025)

# Leadership Lessons for Health Managers



Workforce shortages = strategic risk



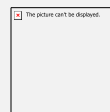
HR + medical staff must co-lead competency evaluation



Culture, recognition, purpose → essential for retention



Use data, analytics, and policy advocacy to drive solutions



Adashi et al., 2025



# Conclusion

Physician shortages are multifactorial and worsening

Solutions require integration of education, regulation, HRM and leadership

Medical staff leaders are key to safe competency pathways

Sustaining healthcare depends on investing in physicians

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