



This Week in Primary Care The More Primary Care Clinicians! Issue

The U.S. has a [primary care clinician shortage](#). Compared with other high-income countries, the U.S. has one of the lowest numbers of doctors per capita, of whom a relatively lower proportion practice primary care.

If we want primary care for all Americans, we're going to need more primary care clinicians—doctors, nurse practitioners (NPs), and physician assistants/associates (PAs) working together and caring for communities where they are. How do we get there?

It helps to know the shortage was [created](#). In 1980, a report commissioned by what is now Health and Human Services argued that increasing numbers of doctors would induce more demand for medical care and therefore drive up health system costs. The report recommended immediate action to curtail training of new physicians. With collaboration from the American Medical Association and the Association of American Medical Colleges, a moratorium was established on opening new allopathic (MD) medical schools or expanding existing ones. From 1980-2005, the number of graduating doctors actually declined as the U.S. population rose by 30%. Meanwhile, the federal government established a [freeze on funding for residency training slots](#) and scaled back scholarships through the National Health Service Corps—changes that persist today. Though in 2005 the language finally switched from “surplus” to “shortage,” we are still clawing our way back.

So, how do we get more primary care clinicians, community by community and state by state?

First, let's organize schools to train more clinicians. For the entering medical school class of 2024, ~50,000-70,000 people applied for only 31,735 spots. ([MD programs](#): 49,648 applicants, 22,374 matriculees; [DO programs](#): 22,107 applicants, 9,361 matriculees, no public data on how many people dual-applied.) We could open many more medical schools, and do so with an eye toward future primary care doctors. Hackensack Meridian School of Medicine, for example, gives tuition relief to a group of students who commit to a primary

care discipline up front, and fully forgives the rest if they go on to train in its primary care residencies with a service commitment afterward (see [feature](#) below).

Second, let's relieve the bottleneck of residency slots, in which newly minted doctors train under supervision for three or more years to reach independent practice in their discipline. In 2025, there were [40,051](#) first-year residency slots available, of which 20,300 were in primary-care disciplines (family medicine, pediatrics, internal medicine, and combined internal medicine-pediatrics.) Communities and states can open new residencies in primary-care disciplines. The majority of residents who train in a given state [stay in that state](#). Increasing numbers of [NPs](#) are also voluntarily undertaking an additional year of postgraduate training, and we should make these slots readily available in primary care clinics.

Third, let's encourage more clinicians to train and stay in primary care. Of the 20,300 training slots currently available in primary care disciplines, only about 5,800 of those doctors are expected to go into primary care when they graduate based on [current trends](#). (That's 4928 or 92% of family physicians, 1884 or 59% of pediatricians, 1362 or 12% of internists, and 226 or 57% of combined medicine-pediatrics physicians– the rest either specialize or practice hospital-based medicine.) We can improve these trends by expanding the National Health Service Corps (see our prior [Teach-In](#) with Don Weaver) and helping communities to establish scholarships like it. These scholarships could help students pay for school or repay loans, with a requirement for primary care service post-training. We can also advocate for enabling legislation like Massachusetts' [Primary Care for You](#), which aims to fix the work and pay of primary care such that more people will choose to practice it.

Though it is no substitute for increasing our capacity to train and retain primary care clinicians, we can increase the primary care workforce in the short term by welcoming more internationally trained physicians. Massachusetts, for example, has recently passed a [law](#) creating a pathway to full licensure for internationally trained physicians via a term of supervised clinical service in a high-need area.

In tonight's Teach-In/Learn-In, we'll learn from Scott Rivkees what Florida's been doing to train and retain primary care clinicians and how that helps build up primary care. Please join us tonight at 8:30pm!

TONIGHT: September 16th Teach-In/Learn-In!



Teach-In/Learn-In

Tuesday, September 16

8:30pm EDT



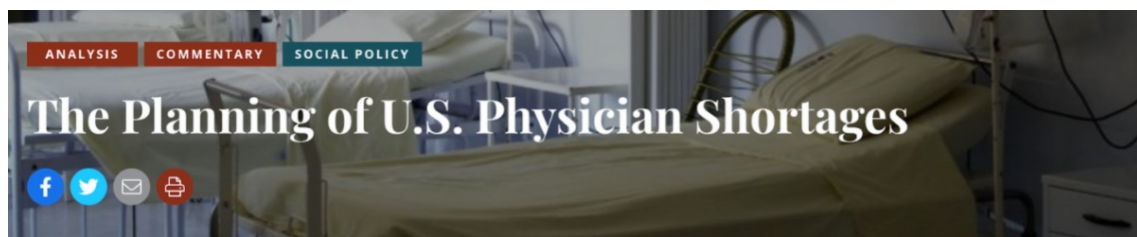
Scott Rivkees

Pathway Programs to Help Communities Build Primary Care in Florida

REGISTER NOW!
bit.ly/sep16zoom

Join PC4AA for a conversation about making primary care accessible for all!

Register Now!



BY ROBERT ORR
SEPTEMBER 8, 2020

The number of practicing physicians per person in the United States is lower than in just about any other developed country. Yet from 1980 to the early 2000s, the prevailing wisdom was that the number of physicians within the United States ought to be *reduced*. During this period, a series of ill-judged reports by the federal government warned of an impending physician surplus. These reports ushered in a

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Read the Article

Hackensack ties free tuition to primary care jobs

By: **Paige Twenter** Wednesday, September 3rd, 2025



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Hackensack Meridian School of Medicine, based in Nutley, N.J., is aiming to strengthen its primary care physician workforce by addressing the financial burden of medical education.

Seventy percent of medical students in the class of 2023 [graduated](#) with educational debt, according to the Association of American Medical Colleges. Of those, 84% owed more than \$100,000, and 54% had more than \$200,000.

[Read the Article](#)

Are you a primary care physician who has ever applied to or served in the National Health Service Corps Scholarship Program?

If so, we'd like to talk to you for an article on the NHSC:

- When did you first apply for an NHSC Scholarship?
- Were you accepted? If not, why not?
- What did you do if you were not accepted?
- If you were accepted, where did you serve, how long did you serve, and can you describe your experience?
- What did you do after you'd met your service obligation?

Please contact Eve Shapiro if you're willing to have a 15-30 minute conversation about your experiences: eveshapiro912@gmail.com. Thank you!

[Email Eve](#)

Did you miss our most recent Teach-In/Learn-In?

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Watch Video



Teach-In/Learn-In
Tuesday, August 5
8:30pm EDT



Len Fromer, MD
**Leveraging
Market Forces
to Bring
Primary Care
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We're hiring!

Primary Care for All Americans is searching for enthusiastic people for the following part-time roles. Depending on your qualifications, job descriptions may be combined or adjusted. Pay is \$20-\$30/hour, depending on experience. No experience is required, except where noted.

- The production associate will coordinate constituent relations, manage the mailing list, produce bi-weekly newsletters, manage the scheduling of meetings for multiple committees and state and local workgroups, update the website, and help out in other ways that come up. Five hours per week.
- The communications associate will develop and nurture relationships with external partners, oversee internal and external communications, including social media, and contribute to the newsletter and website.

Please express your interest by emailing us:

Email Us!

Become a Primary Care Champion!

We're excited to invite you to join us in making a meaningful difference in healthcare access for all Americans. By becoming a Primary Care Champion, you can support our vital work and help us create a healthier future for everyone.

Every contribution counts!

Together, we can drive impactful change in our communities.

Thank you for considering becoming a Primary Care Champion!

- Do you have a primary care story? Good or bad, **we want to hear it!**
- Follow PC4AA on **Instagram**, **Facebook**, and **LinkedIn!**
- We are looking for volunteers to work with our social media team! **Click here** if you are interested.
- Please **support PC4AA** in the fight for primary care for people, not for profit!

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Each issue we showcase how access to primary care makes people healthier, saves money, and can be the cornerstone of a healthcare system that puts people over profit. Was this newsletter forwarded to you? Do you believe in access to primary care for all Americans? **Click here to join our mailing list!**

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Share Your Primary Care Story With Us!

Have you had an unfortunate experience trying to access primary care? A great experience with a primary care provider? Whether you are a patient, caretaker, or health care professional, we want to hear your story! How has access to primary care affected you and your family?

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We may even ask you to share your story with our supporters in one of our Teach-In/Learn-Ins! You can watch Kristen's story for inspiration.



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