



Primary Care Workforce: Projections, 2020-2035

November 2022

This brief contains highlights of workforce projections for selected primary care occupations in the United States. These estimates were generated using HRSA’s Health Workforce Simulation Model (HWSM) and start with the year 2020 and go through 2035. The primary function of the HWSM is to assess the adequacy of the nation’s projected workforce supply to meet the demand.¹

Full data on the workforce projections will be made available in the [Workforce Projections Dashboard](#).

Key Results and Takeaways

- All four of the physician specialties included here— family medicine, general internal medicine, geriatrics, and pediatrics – are projected to be in shortage, having insufficient supply to meet demand in 2035. The “percent adequacy,” which means the amount (percent) of demand that projected supply will meet in a given year, ranges from 83% for general internal medicine physicians to 98% for pediatrics physicians in 2035.
- Nationally, there is a **projected shortage of 35,260 full-time equivalent (FTE) primary care physicians in these four specialties** in 2035.² Family medicine physicians and general internal medicine physicians account for the largest part of this shortfall, with projected shortages of 14,280 FTEs and 18,530 FTEs, respectively.

About the National Center for Health Workforce Analysis

The National Center for Health Workforce Analysis informs public and private sector decision makers on health workforce issues by expanding and improving health workforce data, disseminating workforce data to the public, and improving and updating projections of the supply and demand for health workers.

For more information, visit the [Health Workforce Analysis](#) webpage.

Exhibit 1. Projected supply and demand for selected occupations in primary care, 2035

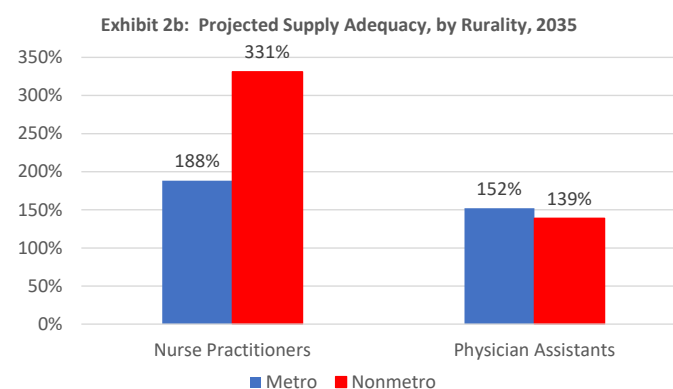
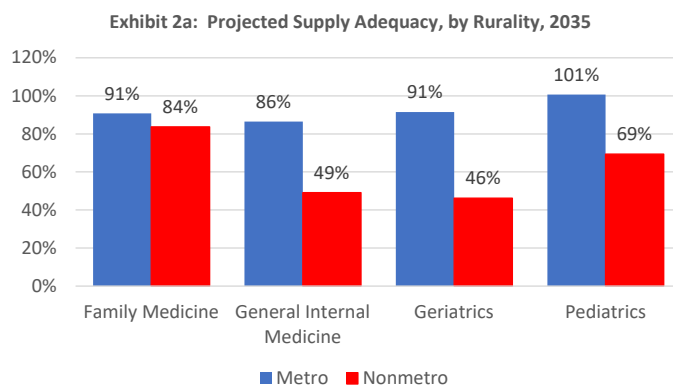
| Occupation | Supply | Demand | Percent Adequacy |
|---------------------------|---------|---------|------------------|
| Family Medicine | 124,390 | 138,670 | 90% |
| General Internal Medicine | 89,040 | 107,570 | 83% |
| Geriatrics | 7,950 | 9,080 | 88% |
| Pediatrics | 61,240 | 62,560 | 98% |
| Nurse Practitioners | 189,340 | 92,450 | 205% |
| Physician Assistants | 62,680 | 41,720 | 150% |

Notes: Demand and supply estimates and projections are in full-time equivalents (FTEs), defined as working 40 hours a week. Adequacy is calculated by taking projected supply in 2035 divided by projected demand in 2035. FTE estimates may differ from estimates of the headcounts of the health workforce.

¹ For a detailed explanation of the data, methods, and assumptions of the model, including the definitions of supply and demand, refer the [HWSM technical documentation](#).

² An FTE is defined as working 40 hours per week.

- In contrast, there is projected to be a **surplus of nurse practitioners (NPs) and physician assistants (PAs) in primary care** for 2035, assuming current patterns of attrition, graduation, and labor force participation remain the same over the time period.³ The surplus of NPs and PAs in primary care likely reflects a continuation of recent trends toward expanded scope-of-practice and increased use of NPs and PAs to deliver primary care.
- The adequacy of primary care physicians is worse in nonmetro areas than metro areas in 2035. These nonmetro areas will have much less supply to meet demand for the services of these four physician specialties.⁴ The opposite is true for primary care NPs. Adequacy of NPs is better in non-metro areas than metro areas in 2035. This potentially means that NPs could help to meet the primary care service needs of the population in nonmetro areas.
- Adequacy for primary care workforce projections also varies by state. For example, in 2035, supply adequacy for general internal medicine physicians ranges from 44% in Idaho (a shortage of nearly 56%) to 236% in the District of Columbia (an oversupply of 136%). Similarly, supply adequacy for family medicine physicians in 2035 ranges from 52% (a shortage of 48%) in Connecticut to 187% (an oversupply of 87%) in Alaska.⁵
- The projections discussed above assume that current health care use remains the same over the entire time period. However, if we were to experience a reduction in access barriers for underserved populations instead, primary care service use would increase. This would increase the shortage of primary care physicians in 2035 to 70,980 and would reduce the surplus of NPs and PAs to 86,350 and 17,380, respectively.



These projections were generated using some data from the period of the COVID-19 pandemic. The pandemic impacted the population seeking care, the workforce providing care, and the data available for both. These projections should be interpreted with caution as the behavior of those seeking care and the size and composition of the workforce providing care during the pandemic may not be fully reflected in these projections. See the [HWSM technical documentation](#) for details on the methodology and datasets used to generate these projections.

For full data on the workforce projections, see the [Workforce Projections Dashboard](#). You can access a [webinar](#) about the Workforce Projections Dashboard that shows how to use it. You can also [download the data](#) from the dashboard in spreadsheet form.

³ NCHWA also reports projections under alternative scenarios of supply, such as varying graduation rates and retirement ages, and of demand including improved access to care. The projected estimates under each scenario are available at [Workforce Projections](#).

⁴ See the [Workforce Projections Dashboard](#) for more data on metro and nonmetro projections. The metro and nonmetro classification is based on the [NCHS urban-rural classification scheme](#).

⁵ For state-level projections, see the [Workforce Projections Dashboard](#).