



HEALTHCARE WORKFORCE INSIGHTS

A Report That Strengthens Care Delivery

JANUARY 2026

THE PHYSICIAN WORKFORCE UNDER PRESSURE

FROM SHORTAGE TO STRATEGY

TABLE OF CONTENTS

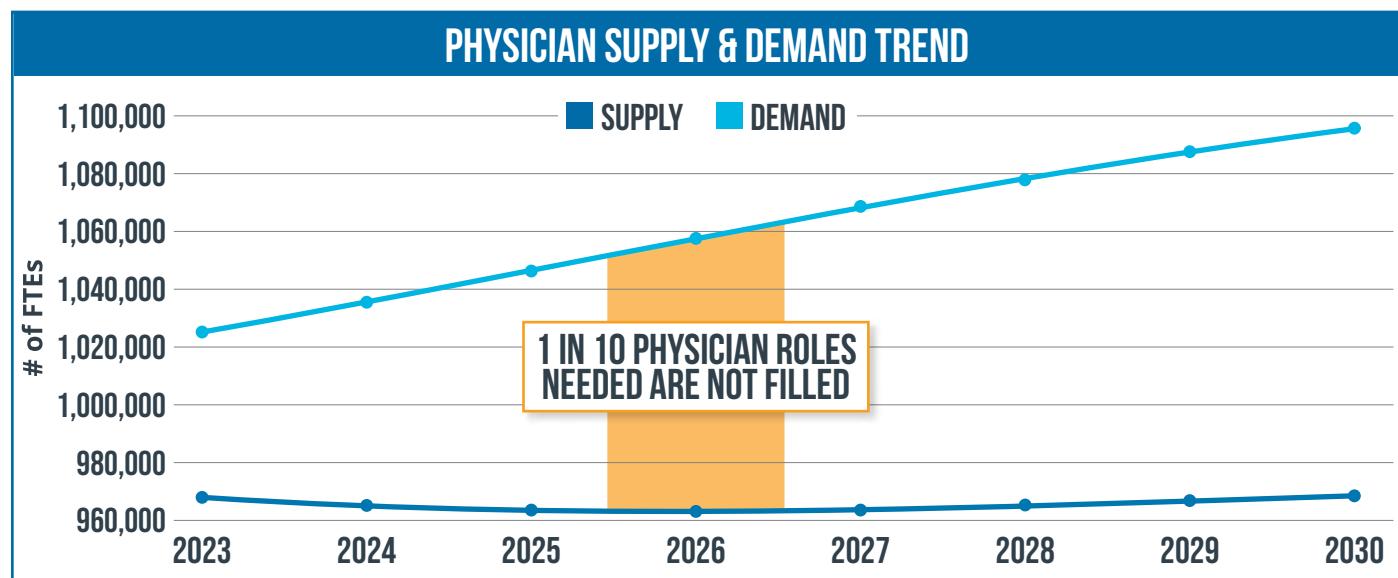
BY THE NUMBERS: PHYSICIAN WORKFORCE & JOB GROWTH PROJECTIONS.....	4
LOCUM TENENS PHYSICIANS: AN INSIDE LOOK AT INTERIM HEALTHCARE WORKFORCE	4
KEY DRIVERS: FACTORS CONTRIBUTING TO THE PHYSICIAN SHORTAGE	5
An Aging Population: Increased Demand for Healthcare Services	5
An Aging Physician Workforce: Implications for Future Capacity	7
Burnout: A Leading Contributor to Physician Turnover	7
Limited Training Opportunities: A Supply & Demand Mismatch.....	8
PATIENT & OPERATIONAL IMPACT: EFFECTS OF PROVIDER SHORTAGES.....	9
Geographical Disparities: Disproportionate Access to Care.....	9
Hospital Closures & Service Line Reductions: Loss of Local Patient Access Points.....	11
Operational Barriers: Delays in Diagnosis & Treatment	12
Reliance on Interim Healthcare Coverage: Utilization Trends	13
Physician Vacancies: The Cost of Delayed Hiring.....	14
ACTIONABLE STRATEGIES: NAVIGATING THE PHYSICIAN SHORTAGE	14
Invest in Care Team Models: Integrating Advanced Practice Providers	14
Prioritize Culture: Strengthening Recruitment & Retention	15
Incorporate Artificial Intelligence (AI): Enhancing Clinical & Operational Efficiency	16
Build Contingency Plans: Ensuring Operational Continuity	17
Leverage Locum Tenens: Bridging Gaps in Coverage	17
The Medicus Transition Program	18
Optimum Permanent Placement Services: Building Talent Pipelines.....	18
CONCLUSION.....	18



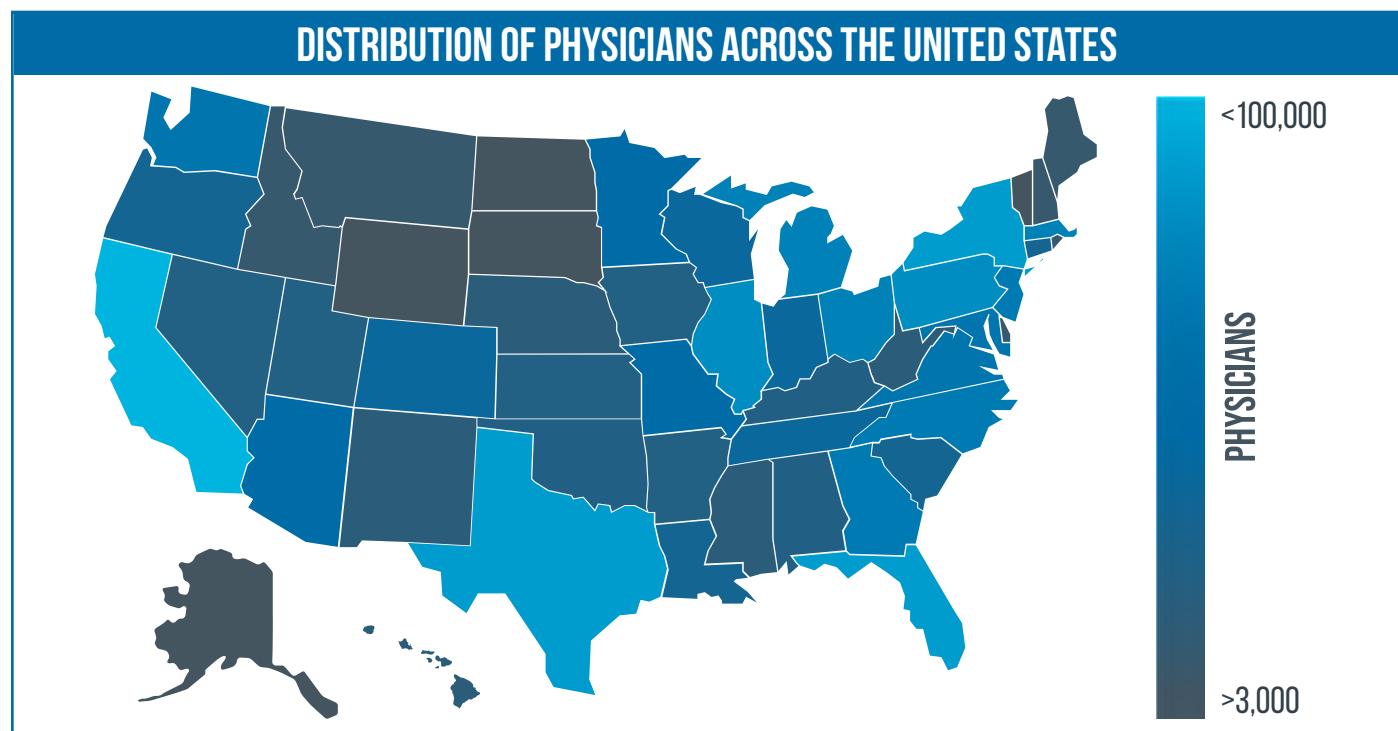
A MEDICUS HEALTHCARE SOLUTIONS WHITE PAPER

THE STATE OF THE U.S. PHYSICIAN WORKFORCE

The physician shortage is reshaping how healthcare leaders think about access, capacity, and workforce strategy. With demand continuing to outpace physician availability, organizations are being forced to address not only immediate coverage gaps but long-term sustainability.



Geographic imbalance continues to amplify the physician shortage, as workforce constraints are far more acute in certain regions than in others.



BY THE NUMBERS: PHYSICIAN WORKFORCE & JOB GROWTH PROJECTIONS

There are over 1 million physicians in the United States, though workforce distribution and availability vary significantly by specialty and region.

TOP 10 MOST SEARCHED PHYSICIAN SPECIALTIES



HOSPITAL MEDICINE



FAMILY MEDICINE



OB/GYN: GENERAL



INTERNAL MEDICINE



ANESTHESIA



NEUROLOGY



CARDIOLOGY



RADIOLOGY



PEDIATRICS: GENERAL



EMERGENCY MEDICINE

Source: 2025 AAPR Benchmarking Report

Looking ahead, physician employment is expected to grow steadily. The U.S. Bureau of Labor Statistics projects 3% job growth from 2024 to 2034, translating to roughly 24,300 openings over the next decade as demand continues to rise.

LOCUM TENENS PHYSICIANS: AN INSIDE LOOK AT INTERIM HEALTHCARE WORKFORCE

An estimated 165,000 physicians have engaged in locum tenens work at some point in their careers, reflecting a fundamental shift in how care is delivered amid persistent workforce constraints.

ESTIMATED NUMBER OF PHYSICIANS WHO HAVE PARTICIPATED IN LOCUM TENENS BY SPECIALTY

Based on estimated cumulative participation in locum tenens across physician careers.

24,000+
INTERNAL &
FAMILY MEDICINE

15,500+
RADIOLOGY

13,000+
EMERGENCY
MEDICINE

5,500+
ANESTHESIOLOGY

Source: Medicus Proprietary Data as of Dec 2025

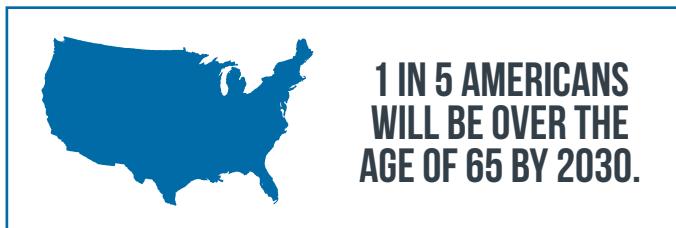
Pediatrics, OB/GYN, and surgery also see high locum tenens utilization rates, reflecting an ongoing reliance on interim coverage to maintain continuity of care.



KEY DRIVERS: FACTORS CONTRIBUTING TO THE PHYSICIAN SHORTAGE

An Aging Population: Increased Demand for Healthcare Services

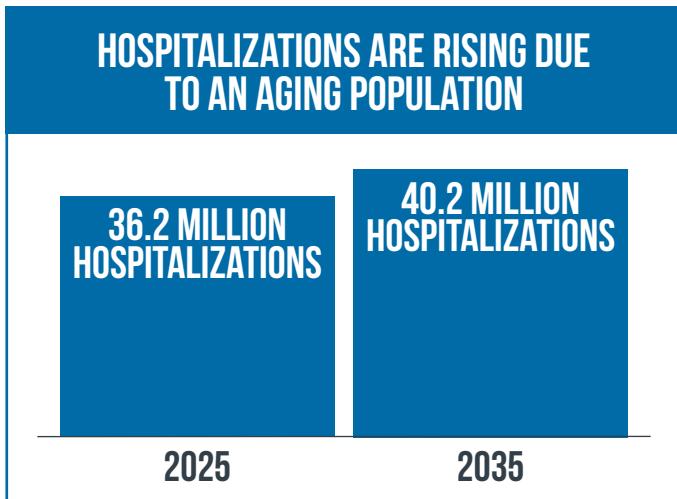
Demographic shifts, particularly the aging population, remain one of the primary drivers of the increasing demand for physicians.



Source: U.S. Census Bureau

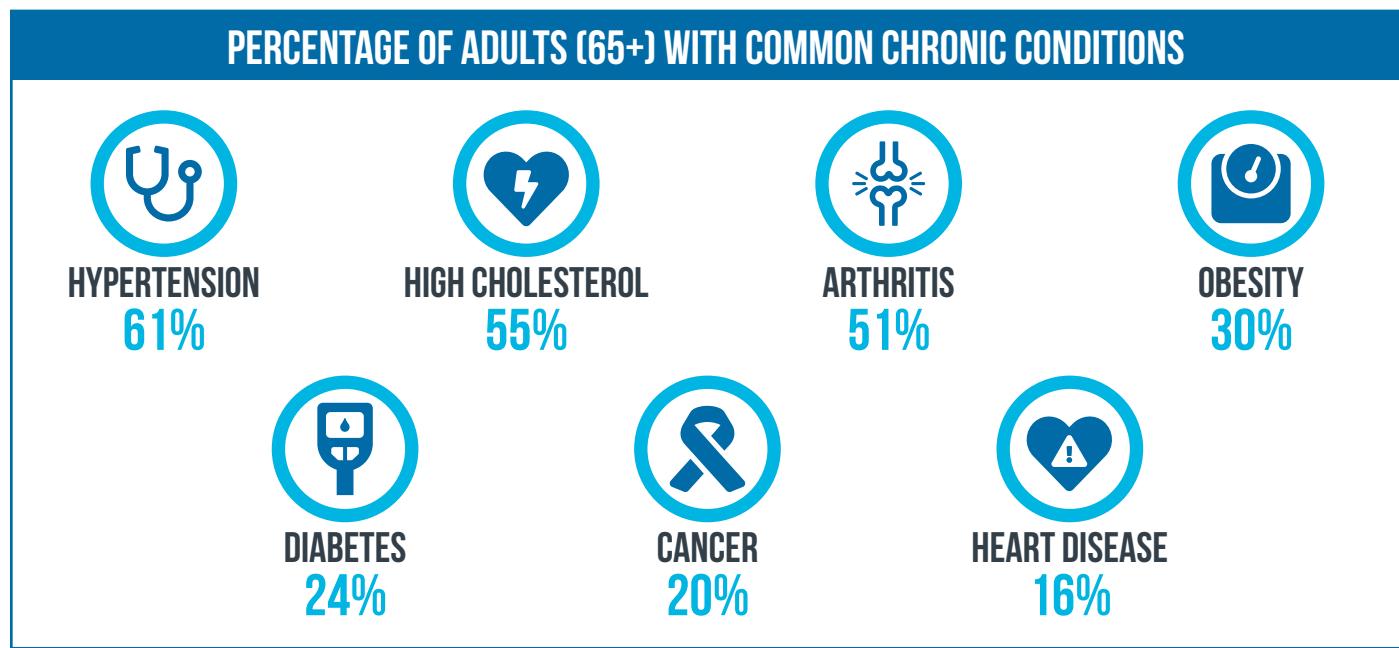


Source: AAMC



Source: JAMA Network Open

Much of this increased demand is driven by the high prevalence of disease among older adults, with 93% living with at least one chronic condition, according to the Centers for Disease Control and Prevention.

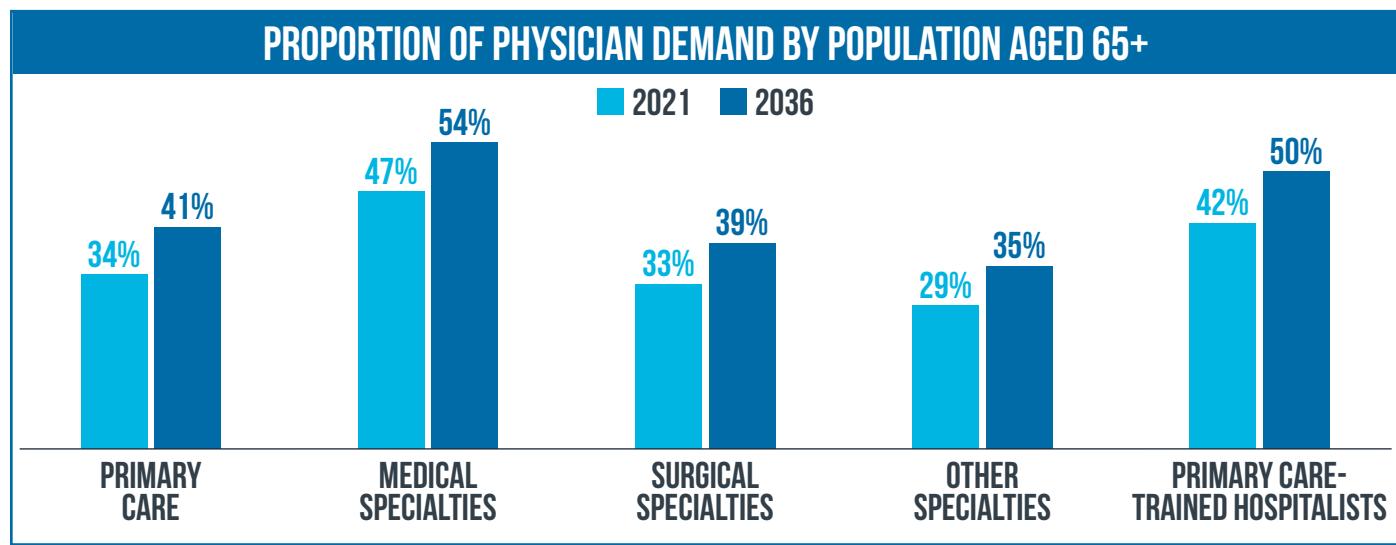


Source: Centers for Disease Control and Prevention (CDC)



As the population ages, demand will rise across most specialties, with oncology, surgical services, and cardiology most affected due to higher utilization among older adults.

PHYSICIAN SPECIALTIES MOST AFFECTED BY AN AGING POPULATION		
SPECIALTY	PERCENTAGE OF ADULTS 50+ IMPACTED	DEMAND FORECAST
 ONCOLOGY	 88% OF U.S. CANCER DIAGNOSES OCCUR IN ADULTS AGED 50+.	67% PROJECTED INCREASE IN CANCER DIAGNOSES AMONG ADULTS 65+ FROM 2010 TO 2030.
Sources: American Cancer Society & American Society of Clinical Oncology (ASCO)		
 SURGICAL SERVICES	 38% OF ALL U.S. HOSPITAL SURGERIES ARE PERFORMED ON ADULTS 65+.	31% TO 39% PROJECTED INCREASE IN SURGICAL DEMAND AMONG ADULTS 65+ BY 2034.
Sources: American Society of Anesthesiologists & <i>Journal of Medicine, Surgery, and Public Health</i>		
 CARDIOLOGY	 ~70% OF ADULTS AGED 70+ ARE EXPECTED TO DEVELOP CARDIOVASCULAR DISEASE.	HYPERTENSION RATES AMONG U.S. ADULTS ARE EXPECTED TO CLIMB FROM 51% TO 61% FROM 2020 TO 2050.
Sources: <i>Journal of the American Heart Association</i> & Heart.org		



Source: AAMC

Currently, patients aged 65 and older account for roughly 35% of the total demand for FTE physicians, equaling about 311,300 FTEs. By 2036, this group is expected to drive 42% of all physician demand, requiring an estimated 420,800 FTE physicians.



An Aging Physician Workforce: Implications for Future Capacity

Rising care demands from an aging population are converging with an aging workforce, intensifying physician shortages.



42% OF ACTIVE PHYSICIANS ARE EXPECTED TO REACH RETIREMENT AGE WITHIN THE NEXT DECADE.

Source: AAMC

SPECIALTIES WITH THE HIGHEST AVERAGE PHYSICIAN AGE

62

SURGERY
ORTHOPEDIC SPINE SURGERY

62

PATHOLOGY
CYTOPATHOLOGY

59

CARDIOLOGY
CARDIAC SURGERY

Source: Definitive Healthcare

Burnout: A Leading Contributor to Physician Turnover

Burnout remains one of the most significant contributors to physician turnover, fueled by rising patient volumes, increasing administrative demands, and ongoing workforce shortages.



<45% OF PHYSICIANS REPORTED BEING BURNED OUT IN 2025.

Source: The American Medical Association

While physician burnout rates have improved from peak levels earlier in the decade, the numbers and effects remain a significant concern.

PYHICIAN SPECIALTIES WITH THE HIGHEST RATES OF BURNOUT

NEUROLOGY

61%

UROLOGY

57%

EMERGENCY MEDICINE

56%

FAMILY MEDICINE

52%

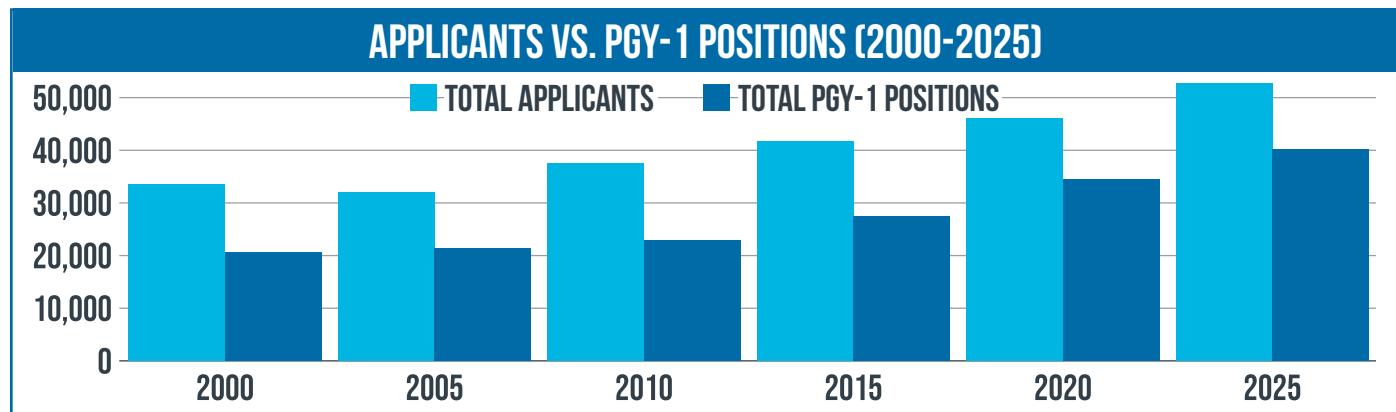
Source: Medscape Physician Mental Health & Well Being Reports 2025

Left unaddressed, burnout reduces job satisfaction and drives turnover, challenging health systems' ability to retain physicians.

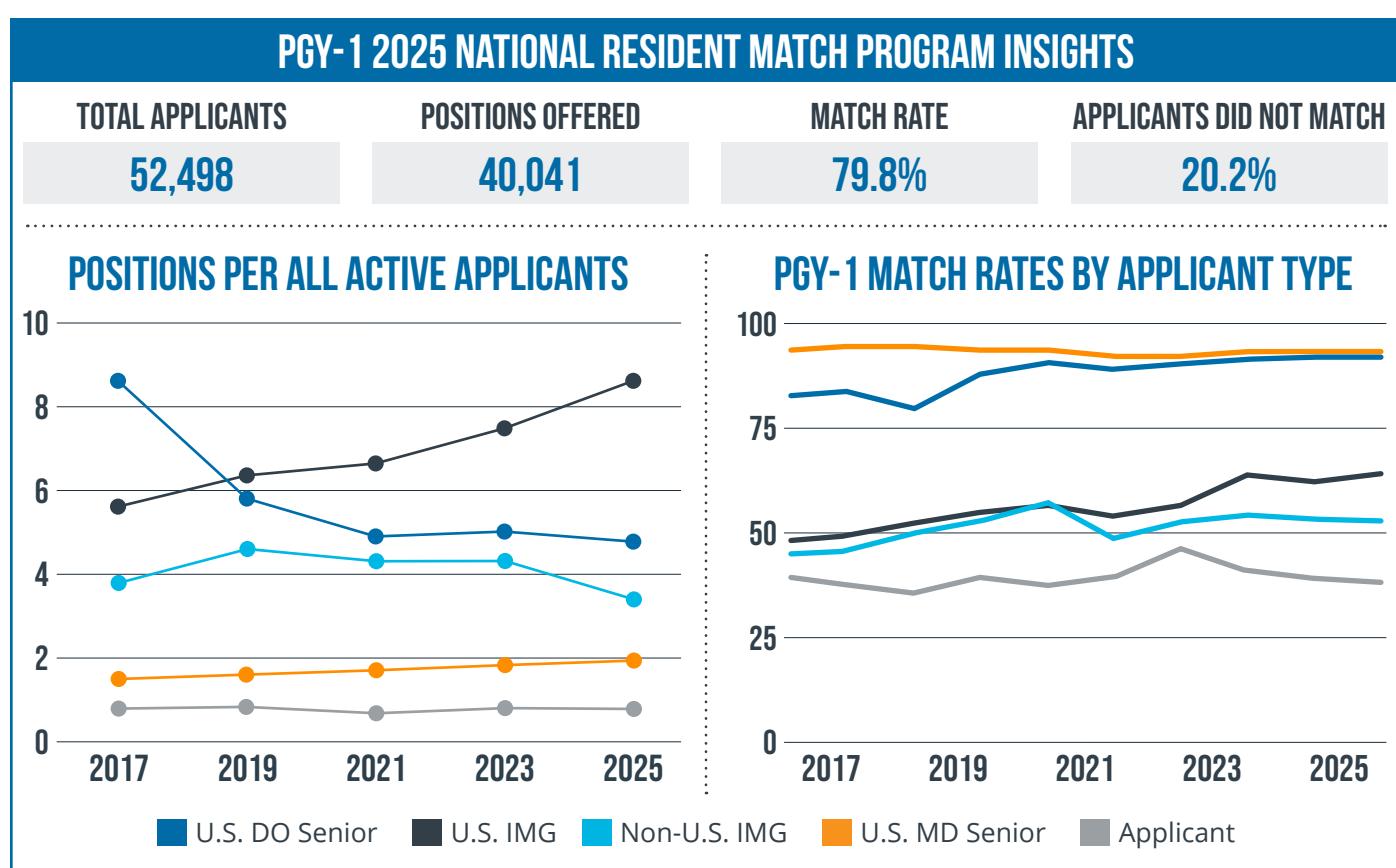


Limited Training Opportunities: A Supply & Demand Mismatch

Despite modest growth in residency positions, the gap between the number of applicants and available training slots persists.



As a result, many medical graduates face delays starting residency, which limits the rate at which new physicians enter the field and reduces the pipeline needed to meet demand.



The AAMC projects a shortage of up to 86,000 physicians if funding for graduate medical education (GME) continues to grow. Without sustained investment, the shortfall could reach the AAMC's initial projection of 124,000 physicians by 2034.



While the national match data reveal the scale of this imbalance, the strain becomes even more apparent when examining individual specialties.

HIGH-DEMAND SPECIALTIES WITH STRONG APPLICANT INTEREST & LIMITED TRAINING POSITIONS				
	POSITIONS AVAILABLE	TOTAL APPLICANTS	FILL RATE	APPLICANTS DID NOT MATCH
ANESTHESIOLOGY	1,805	3,017	99.9%	40.2%
SURGERY (CATEGORICAL)	1,778	3,305	99.8%	46.2%
GASTROENTEROLOGY	727	1,121	99.6%	35%

Source: National Resident Match Program (NRMP)

These specialties are just a few examples; others face similar or more severe imbalances, revealing how uneven training capacity is across the training pipeline.

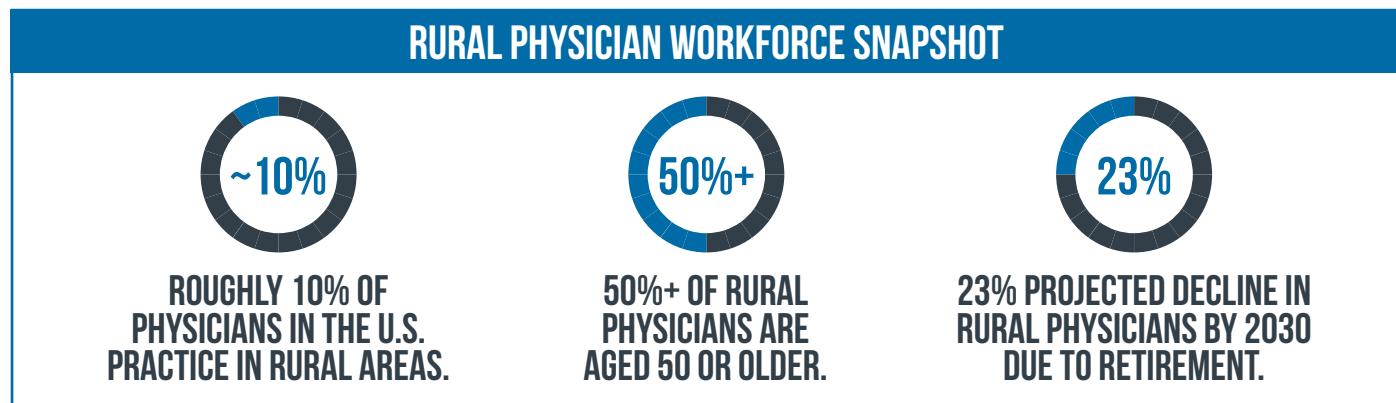
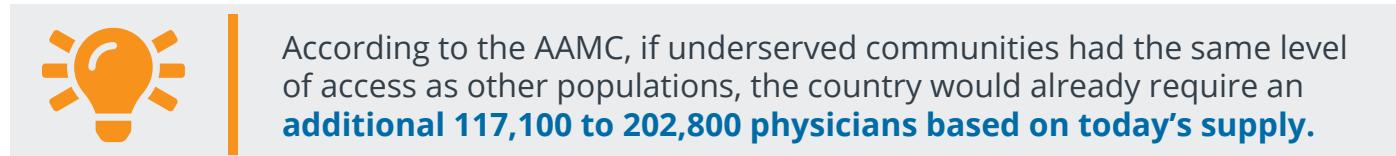
PATIENT & OPERATIONAL IMPACT: EFFECTS OF PROVIDER SHORTAGES

Geographical Disparities: Disproportionate Access to Care

Even as projections indicate a growing physician shortage ahead, the gap is already significant when considering access disparities.



Source: National Rural Health Association (NRHA)



Sources: The American Hospital Association (AHA) & National Rural Health Association (NRHA)



Geographical Disparities: How Access Gaps Drive Longer Travel for Rural Patients

Several high-demand physician specialties illustrate how geographic disparities can translate into measurable access gaps and increased travel burdens for rural patients.

SELECT PHYSICIAN SPECIALTIES WITH GEOGRAPHICAL DISPARITIES IN CARE		
SPECIALTY	ACCESS GAPS	PATIENT IMPACT
 SURGERY	 NEARLY ONE-THIRD OF RURAL U.S. COUNTIES LACK A GENERAL SURGEON.	 44% OF RURAL PATIENTS DRIVE AN HOUR OR MORE FOR SURGERY.
 GASTROENTEROLOGY	 MORE THAN TWO-THIRDS OF U.S. COUNTIES HAVE NO PRACTICING GASTROENTEROLOGIST.	 7 MILLION PEOPLE LIVE MORE THAN 50 MILES AWAY FROM THE NEAREST GASTROENTEROLOGIST.
 CARDIOLOGY	 NEARLY HALF OF U.S. COUNTIES LACK A SINGLE PRACTICING CARDIOLOGIST.	 IN COUNTIES WITHOUT A CARDIOLOGIST, THE AVERAGE ROUND-TRIP DISTANCE TO RECEIVE CARE IS 87.1 MILES.

Sources: *Journal of Surgical Education* & *JAMA*

Source: *Gastroenterology*

Source: *Journal of the American College of Cardiology*



One in five individuals in the U.S. live in rural areas, according to the CDC, yet consistent access to care remains limited across many of these communities.

These access gaps exist alongside broader structural challenges in rural healthcare. Over the past decade, more than 100 rural hospitals have closed, leaving many communities without emergency, inpatient, and essential hospital services. Today, financial pressures place more than 700 additional hospitals at risk according to the Center for Healthcare Quality and Payment Reform.



Hospital Closures & Service Line Reductions: Loss of Local Patient Access Points

Hospital closures and service line reductions are increasing nationwide. As inpatient and specialty services are reduced or consolidated, patients face longer travel and wait times for appropriate treatment, often delaying care until conditions become urgent.



182 RURAL HOSPITALS HAVE CLOSED OR ELIMINATED INPATIENT CARE SINCE 2010.

Source: Chartis 2025 Rural Health State of the State Report



193 RURAL HOSPITALS HAVE CLOSED FROM 2005 TO 2024.

Source: KFF

STATES WITH THE HIGHEST PERCENTAGE OF RURAL HOSPITALS AT RISK OF CLOSURE OVER THE NEXT 2-3 YEARS

*as of December 2025



50%

CONNECTICUT



48%

ALABAMA



34%

MISSISSIPPI



30%

NEW YORK



30%

KANSAS

Source: The Center for Healthcare Quality & Payment Reform (CHQPR)

This elevated closure risk among U.S. hospitals is already reshaping service line availability, with certain specialties experiencing disproportionate impacts as hospitals scale back or eliminate care offerings.

A SNAPSHOT OF SPECIALTIES IMPACTED BY HOSPITAL & SERVICE LINE CLOSURES

SPECIALTY	SERVICE IMPACT	SERVICE LINE CLOSURES
 OB/GYN	 <p>41% OF RURAL HOSPITALS OFFER LABOR AND DELIVERY SERVICES.</p>	<p>117 RURAL HOSPITALS HAVE STOPPED DELIVERING BABIES OR ANNOUNCED THAT THEY WILL STOP BEFORE THE END OF 2025.</p>
 ONCOLOGY	 <p>70% OF U.S. COUNTIES LACK ACCESS TO AN ACTIVE CANCER TREATMENT TRIAL.</p>	<p>382 RURAL HOSPITALS HAVE HALTED CHEMOTHERAPY SERVICES BETWEEN 2014 AND 2022.</p>

Sources: American Society of Clinical Oncology (ASCO) Publications & Charis



Operational Barriers: Delays in Diagnosis & Treatment

Physician shortages are becoming more apparent in daily operations, creating backlogs, scheduling delays, and extended timelines for diagnosis and treatment.

HOW PHYSICIAN SHORTAGES AFFECT CARE DELIVERY



SERVICE LINE
CLOSURES



INCREASED
BACKLOG



EXTENDED
PATIENT TRAVEL



DELAYS IN DIAGNOSIS
& TREATMENT

Collectively, these barriers increase patient risk and further strain the healthcare system. Real-world examples show how quickly the impact can escalate.

CASE STUDY:

REDUCING A 40,000 RADILOGY CASE BACKLOG

A Michigan health system experienced a radiologist shortage across 14 facilities, resulting in a 40,000-case imaging backlog and patient wait times over 40 days.



20 FTE RADIOLOGISTS
PROVIDED WITHIN
3 MONTHS



41 RADIOLOGISTS
CREDENTIALED
WITHIN A WEEK



REDUCED BACKLOG FROM
40,000 CASES TO 3,500
IN UNDER 5 WEEKS

[View Case Study](#)



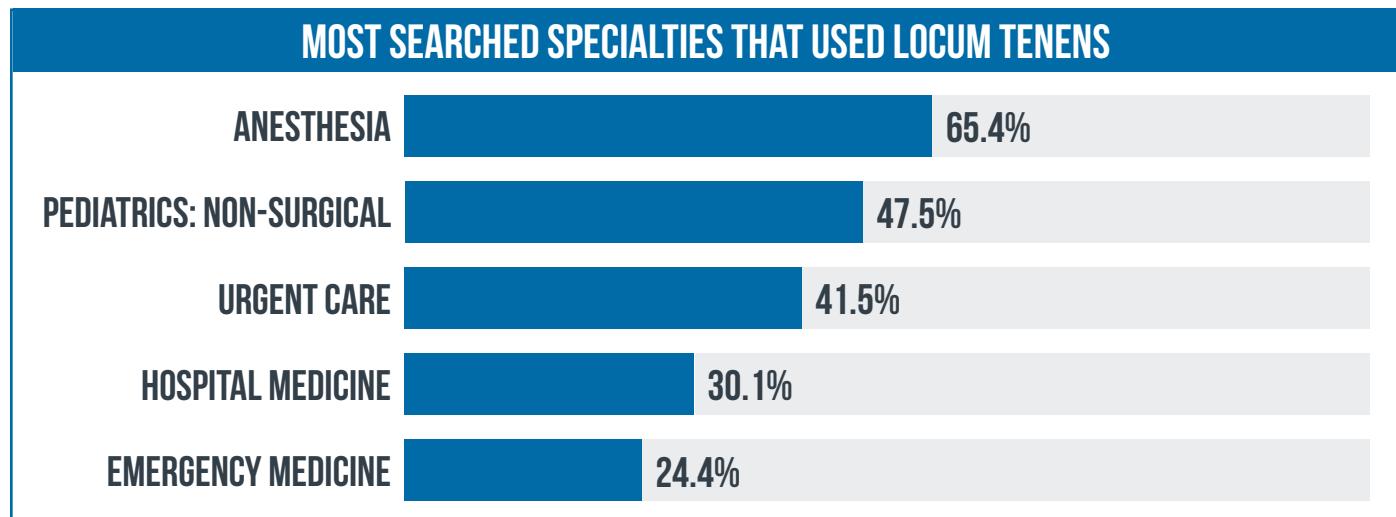
"When leaders can leverage data and metrics to see where future staffing shortages may impact care, planning ahead becomes much clearer. Paring those insights with a reliable interim staffing partner like Medicus allows teams to act early, and in turn, improve patient experience and reduce provider burnout."

Grant Smith, Chief Development Officer at Medicus Healthcare Solutions



Reliance on Interim Healthcare Coverage: Utilization Trends

Locum tenens is now the fastest-growing segment in healthcare staffing, with Staffing Industry Analysts (SIA) projecting 5% growth in 2025 and at least 4% in 2026. For many health systems, that growth reflects increasing reliance on locum tenens physicians to maintain access to care as shortages persist and patient demand rises.



Source: 2025 AAPPR Benchmarking Report

Locum tenens is increasingly viewed as a strategic staffing lever, supporting both short-term coverage and longer-term workforce stability. As utilization rises across specialties, anesthesia continues to lead the way in locum tenens demand.



"We worked with Medicus to provide bridge locums coverage, which was essential in the short run and helped provide that safety valve to help the existing radiologists work through a substantial clinical backlog," he said. "We were able to flip that switch, and the health system resources literally poured in to help work through it."

Michael Loftus, MD, System Senior Vice President for Medical Affairs at RWJBarnabas Health and Senior Vice President and Chief Medical and Quality Officer at Cooperman Barnabas Medical Center



Source: Medicus Proprietary Data & 2025 AAPPR Benchmarking Report



Physician Vacancies: The Cost of Delayed Hiring

Hospitals and health systems rely heavily on physician-generated revenue to sustain operations. While the financial impact varies by specialty, five physicians generate up to seven times their annual salary in average net hospital revenue, making vacancies in these areas especially costly.

FIVE SPECIALTIES GENERATE UP TO 7X THEIR SALARY IN NET ANNUAL HOSPITAL REVENUE.

STARTING SALARY BENCHMARKS FOR THE TOP FIVE REVENUE-GENERATING SPECIALTIES



\$650,000

Orthopedic Surgery



\$600,000

Cardiology



\$550,000

Gastroenterology



\$390,000

OB/GYN



\$320,000

Family Medicine

Source: Optimum Permanent Placement

These figures reflect typical starting salary rates. When considering the full compensation package, total earnings can be significantly higher. In specialties such as Cardiology, Gastroenterology, and Orthopedic Surgery, total compensation can range from \$800,000 to \$1 million.

ACTIONABLE STRATEGIES: NAVIGATING THE PHYSICIAN SHORTAGE

Invest in Care Team Models: Integrating Advanced Practice Providers

Care team models that integrate advanced practice providers (APPs) offer a scalable strategy to expand capacity without overextending physicians.

BENEFITS OF CARE TEAM MODELS



EXPANDS ACCESS BY LEVERAGING APPS TO SEE MORE PATIENTS



STREAMLINES ROUTINE AND FOLLOW-UP PATIENT CARE



MAXIMIZES TIME FOR MORE COMPLEX CASES AND PROCEDURES



REDUCES BURNOUT BY BALANCING WORKLOADS



STABILIZES SERVICE LINES WHERE PHYSICIAN STAFFING IS LIMITED



STRENGTHENS CONTINUITY THROUGH TEAM-BASED CARE



CONTROLS COSTS BY ALIGNING CARE WITH PROVIDER SCOPE



KEY SPECIALTIES UTILIZING APP-INTEGRATED CARE TEAM MODELS



ANESTHESIOLOGY



SURGERY



HOSPITAL MEDICINE



OB/GYN



GASTROENTEROLOGY

CASE STUDY:

INCREASING OR UTILIZATION THROUGH AN ANESTHESIA CARE TEAM MODEL

See how an Anesthesia Care Team Model enabled a Las Vegas Trauma Center to increase OR utilization from 48% to 90%.



SOURCED, SCREENED, AND
ONBOARDED **34 QUALIFIED
ANESTHESIOLOGISTS.**



ALL LOCUM TENENS
ANESTHESIOLOGISTS WERE
CREDENTIALED IN 30-45 DAYS.

[View Case Study](#)

By distributing care tasks across a multidisciplinary team, these models enhance patient throughput, maintain clinical quality, and enable physicians to focus on higher-acuity or procedure-based care.

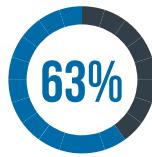
Prioritize Culture: Strengthening Recruitment & Retention

Physician workforce stability is increasingly influenced by organizational culture, elevating its role in long-term recruitment, retention, and workforce planning strategies.

WHAT TODAY'S PHYSICIAN WORKFORCE VALUES MOST



CITED WORK-LIFE BALANCE AS
THE MOST IMPORTANT ASPECT
OF WORKPLACE CULTURE.



WOULD TAKE LESS PAY
FOR A BETTER
WORK-LIFE BALANCE.



REPORT THAT CULTURE IS
EQUALLY AS IMPORTANT AS
COMPENSATION.

Sources: Medscape Physician Mental Health & Well-Being Report 2025 & Medscape Physician Workplace Culture Report 2024



Incorporate Artificial Intelligence (AI): Enhancing Clinical & Operational Efficiency

As healthcare organizations adopt AI more broadly, these tools are being explored as one way to help relieve capacity pressures created by persistent provider shortages.

BENEFITS OF AI INTEGRATION IN HEALTHCARE

A narrative review published in *JMIR Publications* highlights several potential benefits of AI integration in healthcare, including:



IMPROVES
DIAGNOSTIC
ACCURACY



ENABLES
EARLIER DISEASE
DETECTION



PERSONALIZES
TREATMENT
PLANNING



AUTOMATES
ADMINISTRATIVE
TASKS



REDUCES
CLINICIANS'
WORKLOADS

As AI continues to gain momentum, it is also gaining traction with physicians. In 2024, 35% of respondents reported more excitement than concerns about AI in healthcare, up from 30% the previous year, according to data from the AMA Augmented Intelligence Research survey.



OF PHYSICIANS SURVEYED
REPORTED THEY USED AI IN
THEIR PRACTICES IN 2024,
UP FROM 38% IN 2023.



OF THE PHYSICIANS SURVEYED INDICATED
ADDRESSING ADMINISTRATIVE BURDENS
THROUGH AUTOMATION AS THE BIGGEST
AREA FOR OPPORTUNITY.

Source: AMAs Augmented Intelligence Research Survey

As enthusiasm builds among physicians, many healthcare organizations are translating this momentum into action by incorporating AI into clinical and operational settings.

A SURVEY OF 150 HEALTHCARE INDUSTRY ORGANIZATIONS CONDUCTED BY MCKINSEY & COMPANY FOUND

40% of health systems have already implemented generative AI (Gen AI).

40% of health systems are pursuing gen AI concepts but have not yet deployed them.

44% of health system leaders believe gen AI will most improve administrative efficiency.

48% of healthcare leaders believe that gen AI will help improve clinical productivity.

69% of health systems that have implemented gen AI have already seen a positive ROI.



[See how leaders are utilizing AI and technology here.](#)



Build Contingency Plans: Ensuring Operational Continuity

Contingency planning provides healthcare organizations with a proactive approach to maintaining stability with ongoing physician shortages.



With physician vacancies taking an average of 224 days to fill, a well-designed contingency plan ensures immediate coverage when gaps occur.

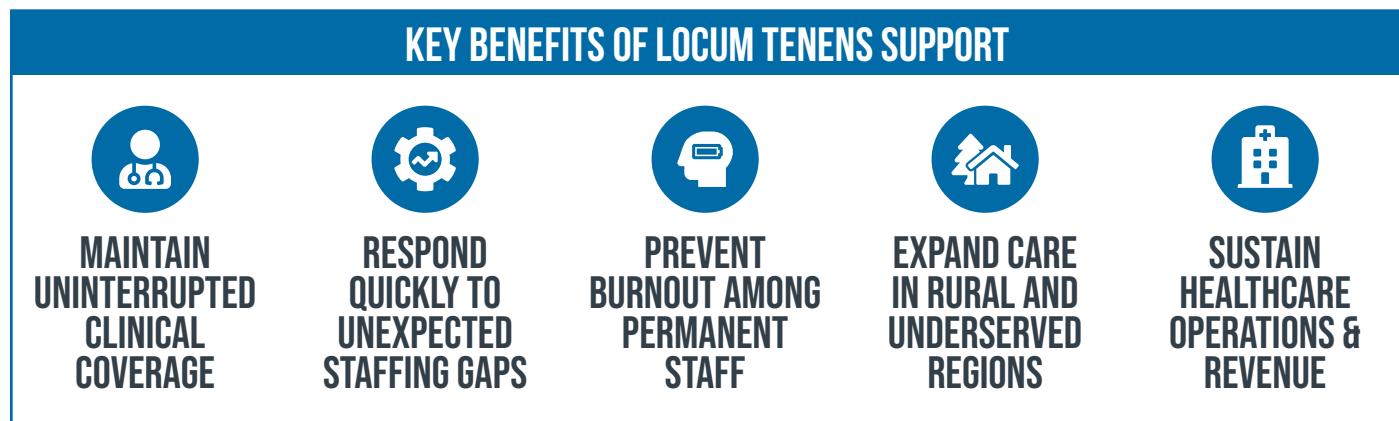


"Across the industry, we're seeing more healthcare leaders move beyond reactive coverage and view locum tenens as a strategic asset. When used intentionally, interim staffing can provide the stability needed to advance workforce initiatives and create the foundation for a sustainable workforce."

Bob Dickey, Chief Executive Officer at Medicus Healthcare Solutions

Leverage Locum Tenens: Bridging Gaps in Coverage

As physician shortages continue to heighten, implementing locum tenens into staffing strategies can help maintain access to care and stabilize coverage across nearly all specialties.



Partnering with a trusted locum tenens agency like Medicus ensures access to qualified providers and streamlined staffing support, allowing leaders to prioritize long-term workforce planning while maintaining reliable daily coverage.





PROJECT-BASED CONSULTING SOLUTIONS

The Medicus Transition Program supports health systems during periods of change by aligning interim coverage with long-term staffing goals.



QUALITY PROVIDERS

A dedicated team of providers that meet your clinical and cultural requirements.



PROJECT TEAM

One point of contact with a team committed to your healthcare facility.



SCHEDULE MANAGEMENT

We co-manage schedules and take full accountability for ensuring all open shifts are covered.



MEDICUSIQ CLIENT PORTAL

A digital talent management solution that simplifies locum management with advanced analytics.



COST CONTROL

Reduce overall staffing costs through increased efficiency and resource utilization.



EXIT STRATEGY

We ensure end-to-end solutions by engaging Optimum to support permanent recruitment.

THE MEDICUS TRANSITION PROGRAM SUPPORTS HEALTH SYSTEMS IN

- ✓ INCREASED PATIENT VOLUMES
- ✓ UNEXPECTED PROVIDER TURNOVER
- ✓ OPENING OR EXPANDING A FACILITY
- ✓ SCHEDULING GAPS BETWEEN OUTSOURCED PARTNERSHIPS
- ✓ IMPLEMENTING NEW STAFFING MODELS, I.E., OUTSOURCED TO EMPLOYED

By blending immediate interim healthcare staffing with multi-FTE support, the Medicus Transition Program equips healthcare leaders with the tools, expertise, and resources to manage staffing challenges effectively.

Optimum Permanent Placement Services: Building Talent Pipelines



Building talent pipelines

Elevate your hiring strategy with Optimum's proven permanent recruitment solutions.

- ✓ 100% contingency-based firm
- ✓ One point of contact
- ✓ 90-day guarantee with no upfront costs

CONCLUSION

With provider shortages becoming a long-term reality rather than a temporary disruption, the path forward lies in preparation rather than reaction. Leaders who anticipate workforce pressures and invest in strategic solutions will be better positioned to preserve access, maintain continuity of care, and support the clinicians their communities rely on.



SPECIALTY-SPECIFIC WORKFORCE REPORTS

For a comprehensive look at specialty-specific physician shortages, click on any specialty below.



[Anesthesiology](#)



[Cardiology](#)



[Emergency Medicine](#)



[Gastroenterology](#)



[Hospital Medicine](#)



[Oncology](#)



[OB/GYN](#)



[Psychiatry](#)



[Pathology](#)



[Radiology](#)



[Surgery](#)

