Can Medical Schools Funnel More Doctors Into the Primary Care Pipeline?

The Association of American Medical Colleges projects a shortage of 20,200 to 40,400 primary care doctors by 2036.

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Throughout her childhood, Julia Lo Cascio dreamed of becoming a pediatrician. So, when applying to medical school, she was thrilled to discover a new, small school founded specifically to train primary care doctors: NYU Grossman Long Island School of Medicine.

Now in her final year at the Mineola, New York, school, Lo Cascio remains committed to primary care pediatrics. But many young doctors choose otherwise as they leave medical school for their residencies. In 2024, 252 of the nation's 3,139 pediatric residency slots went unfilled and family medicine programs faced 636 vacant residencies out of 5,231 as students chased higher-paying specialties.

Lo Cascio, 24, said her three-year accelerated program nurtured her goal of becoming a pediatrician. Could other medical schools do more to promote primary care? The question could not be more urgent. The Association of American Medical Colleges projects a shortage of 20,200 to 40,400 primary care doctors by 2036. This means many Americans will lose out on the benefits of primary care, which research shows improves health, leading to fewer hospital visits and less chronic illness.

Many medical students start out expressing interest in primary care. Then they end up at schools based in academic medical centers, where students become enthralled by complex cases in hospitals, while witnessing little primary care.

The driving force is often money, said Andrew Bazemore, a physician and a senior vice president at the American Board of Family Medicine. "Subspecialties tend to generate a lot of wealth, not only for the individual specialists, but for the whole system in the hospital," he said.

A department's cache of federal and pharmaceutical-company grants often determines its size and prestige, he said. And at least 12 medical schools, including Harvard, Yale, and Johns Hopkins, don't even have full-fledged family medicine departments. Students at these schools can study internal medicine, but many of those graduates end up choosing subspecialties like gastroenterology or cardiology.

One potential solution: eliminate tuition, in the hope that debt-free students will base their career choice on passion rather than paycheck. In 2024, two elite medical schools — the Albert Einstein College of Medicine and the Johns Hopkins University School of Medicine — announced that charitable donations are enabling them to waive tuition, joining a handful of other tuition-free schools.

But the contrast between the school Lo Cascio attends and the institution that founded it starkly illustrates the limitations of this approach. Neither charges tuition.

In 2024, two-thirds of students graduating from her Long Island school chose residencies in primary care. Lo Cascio said the tuition waiver wasn't a deciding factor in choosing pediatrics, among the lowest-paid specialties, with an average annual income of $260,000, according to Medscape.

At the sister school, the Manhattan-based NYU Grossman School of Medicine, the majority of its 2024 graduates chose specialties like orthopedics (averaging $558,000 a year) or dermatology ($479,000).

Primary care typically gets little respect. Professors and peers alike admonish students: If you're so smart, why would you choose primary care? Anand Chukka, 27, said he has heard that refrain regularly throughout his years as a student at Harvard Medical School. Even his parents, both PhD scientists, wondered if he was wasting his education by pursuing primary care.

Seemingly minor issues can influence students' decisions, Chukka said. He recalls envying the students on hospital rotations who routinely were served lunch, while those in primary care settings had to fetch their own.

Despite such headwinds, Chukka, now in his final year, remains enthusiastic about primary care. He has long wanted to care for poor and other underserved people, and a one-year clerkship at a community practice serving low-income patients reinforced that plan.

When students look to the future, especially if they haven't had such exposure, primary care can seem grim, burdened with time-consuming administrative tasks, such as seeking prior authorizations from insurers and grappling with electronic medical records.

While specialists may also face bureaucracy, primary care practices have it much worse: They have more patients and less money to hire help amid burgeoning paperwork requirements, said Caroline Richardson, chair of family medicine at Brown University's Warren Alpert Medical School.

"It's not the medical schools that are the problem; it's the job," Richardson said. "The job is too toxic."

Kevin Grumbach, a professor of family and community medicine at the University of California-San Francisco, spent decades trying to boost the share of students choosing primary care, only to

conclude: “There’s really very little that we can do in medical school to change people’s career trajectories.”

Instead, he said, the U.S. health care system must address the low pay and lack of support.

And yet, some schools find a way to produce significant proportions of primary care doctors — through recruitment and programs that provide positive experiences and mentors.

U.S. News & World Report recently ranked 168 medical schools by the percentage of graduates who were practicing primary care six to eight years after graduation.

The top 10 schools are all osteopathic medical schools, with 41% to 47% of their students still practicing primary care. Unlike allopathic medical schools, which award MD degrees, osteopathic schools, which award DO degrees, have a history of focusing on primary care and are graduating a growing share of the nation’s primary care physicians.

At the bottom of the U.S. News list is Yale, with 10.7% of its graduates finding lasting careers in primary care. Other elite schools have similar rates: Johns Hopkins, 13.1%; Harvard, 13.7%.

In contrast, public universities that have made it a mission to promote primary care have much higher numbers.

The University of Washington — No. 18 in the ranking, with 36.9% of graduates working in primary care — has a decades-old program placing students in remote parts of Washington, Wyoming, Alaska, Montana, and Idaho. UW recruits students from those areas, and many go back to practice there, with more than 20% of graduates settling in rural communities, according to Joshua Jauregui, assistant dean for clinical curriculum.

Likewise, the University of California-Davis (No. 22, with 36.3% of graduates in primary care) increased the percentage of students choosing family medicine from 12% in 2009 to 18% in 2023, even as it ranks high in specialty training. Programs such as an accelerated three-year primary care “pathway,” which enrolls primarily first-generation college students, help sustain interest in non-specialty medical fields.

The effort starts with recruitment, looking beyond test scores to the life experiences that forge the compassionate, humanistic doctors most needed in primary care, said Mark Henderson, associate dean for admissions and outreach. Most of the students have families who struggle to get primary care, he said. “So they care a lot about it, and it’s not just an intellectual, abstract sense.”

Establishing schools dedicated to primary care, like the one on Long Island, is not a solution in the eyes of some advocates, who consider primary care the backbone of medicine and not a separate discipline. Toyese Oyeyemi Jr., executive director of the Social Mission Alliance at the Fitzhugh Mullan Institute of Health Workforce Equity, worries that establishing such schools might let others “off the hook.”

Still, attending a medical school created to produce primary care doctors worked out well for Lo Cascio. Although she underwent the usual specialty rotations, her passion for pediatrics never flagged — owing to her 23 classmates, two mentors, and her first-year clerkship shadowing a community pediatrician. Now, she's applying for pediatric residencies.

Lo Cascio also has deep personal reasons: Throughout her experience with a congenital heart condition, her pediatrician was a "guiding light."

"No matter what else has happened in school, in life, in the world, and medically, your pediatrician is the person that you can come back to," she said. "What a beautiful opportunity it would be to be that for someone else."

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