



Unmatched doctors in New Mexico: an untapped resource?

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The following is a guest post by Manu Mathew, M.D. who describes himself as a National Advocate for Unmatched Doctors

According to a recent study conducted by the Association of American Medical Colleges, the national shortage of primary care physicians is projected to range from 17,800 to 48,000 by 2034. Additionally, a survey conducted in December 2021 revealed that a significant number of physicians and advanced practice registered nurses intend to reduce their work hours or retire, further exacerbating the healthcare workforce shortage.

This shortage has led to thousands of medical graduates being unable to submit a rank list or secure a match each year. Fortunately, physician assistants and nurse practitioners have been able to slowly expand their scope of practice, seeking prescriptive authority and even being able to prescribe controlled substances. In fact, nurse practitioners are currently working independently in over 25 states (including New Mexico), with the aim of alleviating the healthcare workforce shortage.

This shortage is especially acute in New Mexico. The 2023 legislative session included numerous bills dealing with everything from Medicaid reimbursement rates to tort reform and taxation and more to bring and keep more doctors in New Mexico. The problem is by no means solved. Access to care in rural areas is limited due to misguided policy decisions resulting in a shortage of practicing physicians. Allowing medical school graduates to practice under provisional licenses could help mitigate this shortage.

The reason why medical graduates are not being matched may be due to various reasons, for example the person did not score high enough on the US Medical License Examination (or did not apply to enough residency programs. The Association of American Medical Colleges (AAMC) sets guidelines for medical residency programs and (National Residency Matching Program) NRMP conducts the match every year. The entire world applies to the match when there are not enough residency seats which makes it anti-competitive as stated in the American Medical Association's (AMA) recent resolution.

Expanding the number of residency seats is one possible way to increase the number of doctors in the United States, but much of the problem is created by the Centers for Medicare & Medicaid Services. There are solutions to the issue that can be undertaken right here in New Mexico.

Several states have implemented innovative and alternative solutions to increase the supply of available physicians. In general, these solutions allow medical graduates, upon successful passage of American medical licensing exams, to work under the supervision of licensed physicians. Some states, such as Alabama and Idaho allow medical graduates to work under such a provisional license until they match into a residency program, others such as Missouri, allow such graduates to do so indefinitely.

The criticism has been; this produces inferior class of medical graduates, however this is not true since “one big difference between the PANCE and the USMLE is the test format. While test-takers take the sections of the PANCE all at once, the USMLE is divided into three steps. Step 1 is an eight-hour exam that encompasses 280 multiple-choice questions that aim to evaluate the test-taker’s knowledge of basic sciences and their ability to apply these concepts to the clinical practice of medicine. Questions on this test might cover topics of the mechanisms that contribute to health, disease and treatments.

Step 2 of the USMLE is another one-day test, this time consisting of 318 multiple-choice questions administered over a period of nine hours. In this step of the USMLE exam process, test-takers answer questions about the clinical science and medical skills used to care for patients, promote health and prevent disease. Finally, Step 3 is a two-day test that consists of 232 multiple-choice questions on the Foundations of Independent Practice (FIP) and 180 multiple-choice questions plus 13 computer-based case simulations pertaining to Advanced Clinical Medicine (ACM).”¹

Tennessee has adapted elements of the Australian medical licensure model, streamlining experienced foreign doctors into the American medical system so they can practice independently without doing a residency at all. Increasing the number of medical residency positions, in combination with these measures, will help retain the physician workforce in New Mexico. New Mexico should consider unmatched doctors as a resource to tackle the healthcare shortage.