AiAMC
Alliance of Independent Academic Medical Centers

The State of Medical Education: National Panel

Lisa Howley, PhD, Senior Director for Transforming Medical Education, AAMC
Cynthia Kelley, DO, Chair, Institutional Review Committee ACGME
Catherine Apaloo, MD, Sr. VP and Chief IMG Experience Officer, Intealth

The State of Medical Education

AIAMC Annual Meeting

Anchored in Purpose: *Leading Through Disruption with Compassion and Courage*

April 17, 2026

Lisa Howley, PhD, MEd
Sr Director for Transforming Medical Education
lhowley@aamc.org | @lisa-howley
www.aamc.org

Disclosures

- No relevant financial disclosures
- Educational psychologist within medical and health professions education
- Work full time for the AAMC
- Opinions expressed are my own and do not necessarily express the views or opinions AAMC or its collaborating organizations
- Big fan of AIAMC and former NI Participant!

- Based in Washington, DC
- Not-for-profit Member Organization founded 1876
- 163 US + 13 Canadian **LCME Accredited Medical Schools**
- 400+ **Teaching hospitals, health systems** and **VA medical centers**
- 80+ **Academic and professional societies**
- AAHC
- AAHCI
  AAHCI is a wholly owned subsidiary of the AAMC

*Following a 2022 merger, the *Alliance of Academic Health Centers* and the *Alliance of Academic Health Centers International* broadened the AAMC's U.S. membership and expanded its reach to international academic health centers

AAMC
MISSION AND VISION

Mission Statement: *The AAMC leads and serves the academic medicine community to improve the health of people everywhere.*

Vision Statement: *A healthier future through learning, discovery, health care, and community collaborations.*

The state of medical education is complex and dynamic, yet medical educators remain adaptable, compassionate and courageous while anchored in shared purpose to prepare strong physicians and teams to improve the health of all.

Forces Reshaping Medical Education

1. Rapid Technological Transformation
2. A More Complex Policy and Regulatory Environment
3. Financial & Workforce Pressures
4. An Aging and Increasingly Diverse Population
5. Rising Prevalence of Chronic Disease

Orlando Kills the Orc with an Anchor by Jean-Honoré Fragonard (NGA Public Domain)

Rapid Technological Transformation

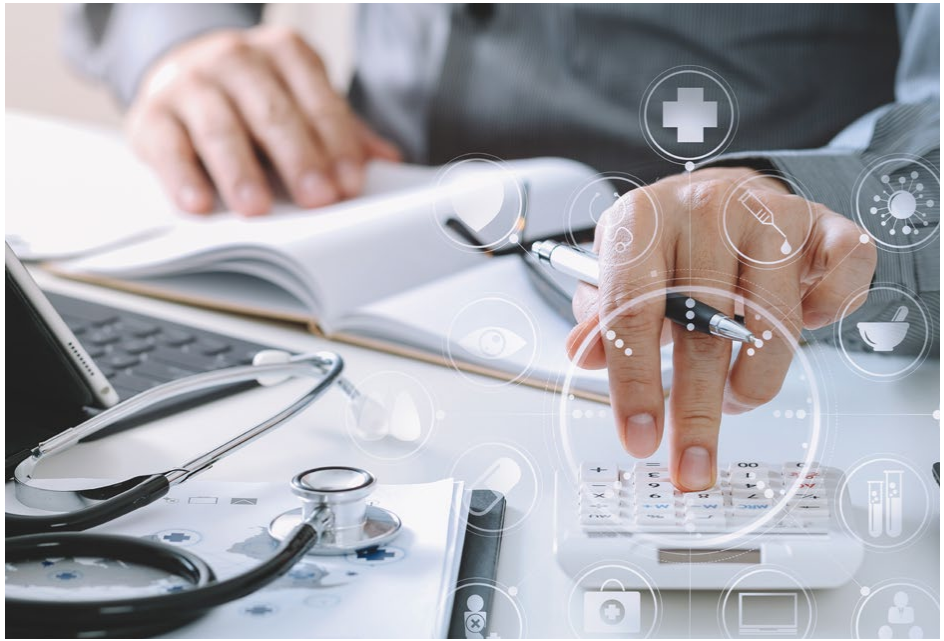
- Telehealth adoption among physicians increased significantly in a short time from 25% (2018) to over 70% (2024).
- 66% of physicians reported using AI tools in their practice in 2024, a sharp increase from 38% the year before.
- 77% of medical schools include AI in the required curriculum, a sharp increase from 53% the year before.
- 71% of U.S. hospitals reported using predictive AI integrated into electronic health records, up from 66% the year before (2023).
- Navigating the AI diagnostic dilemma idenfied as the #1 most pressing patient safety concern in 2026 by ECRI.

A More Complex Policy and Regulatory Environment

- The government is increasingly attempting to regulate what is taught in (or excluded from) medical schools and residency programs.
- State and federal legislative bodies have investigated medical education accreditation standards, resident matching system, and grading practices.
- New loan caps have been placed and the Federal Direct Graduate PLUS loan program will be eliminated for new borrowers July 1, 2026.

Financial & Workforce Pressures

- Effects of federal funding cuts on healthcare operations and patient safety rated #4 top patient safety concern by ECRI.
- About 2/3 of sponsoring institutions are training more residents than those for which they receive CMS funding – above the “cap”.
- Termination or delay of funding by federal agencies like the National Institutes of Health has imperiled cutting-edge research at dozens of academic centers.



Aging and Increasingly Diverse Population

- By 2030, one in five Americans will be age 65 or older, when all baby boomers reach retirement age.
- The U.S. is projected to face a physician shortage of between 13,500 and 86,000 by 2036.
- Approximately 1 in 4 active physicians are international medical graduates and new IMGs are facing increasingly difficult challenges.
- 20% of the current physician workforce is age 65 or older, and another 22% is between 55 and 64, meaning many will retire in the next decade.

Medical educators are Adaptable, Compassionate and Courageous

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Thank You!

@lisa-howley

lhowley@aamc.org

www.aamc.org

Trends in Graduate Medical Education

Cindy Kelley, DO, FAAFP
Designated Institutional Official
Vice President, Medical Education and Research
Summa Health

April 2026

Trends and their impacts

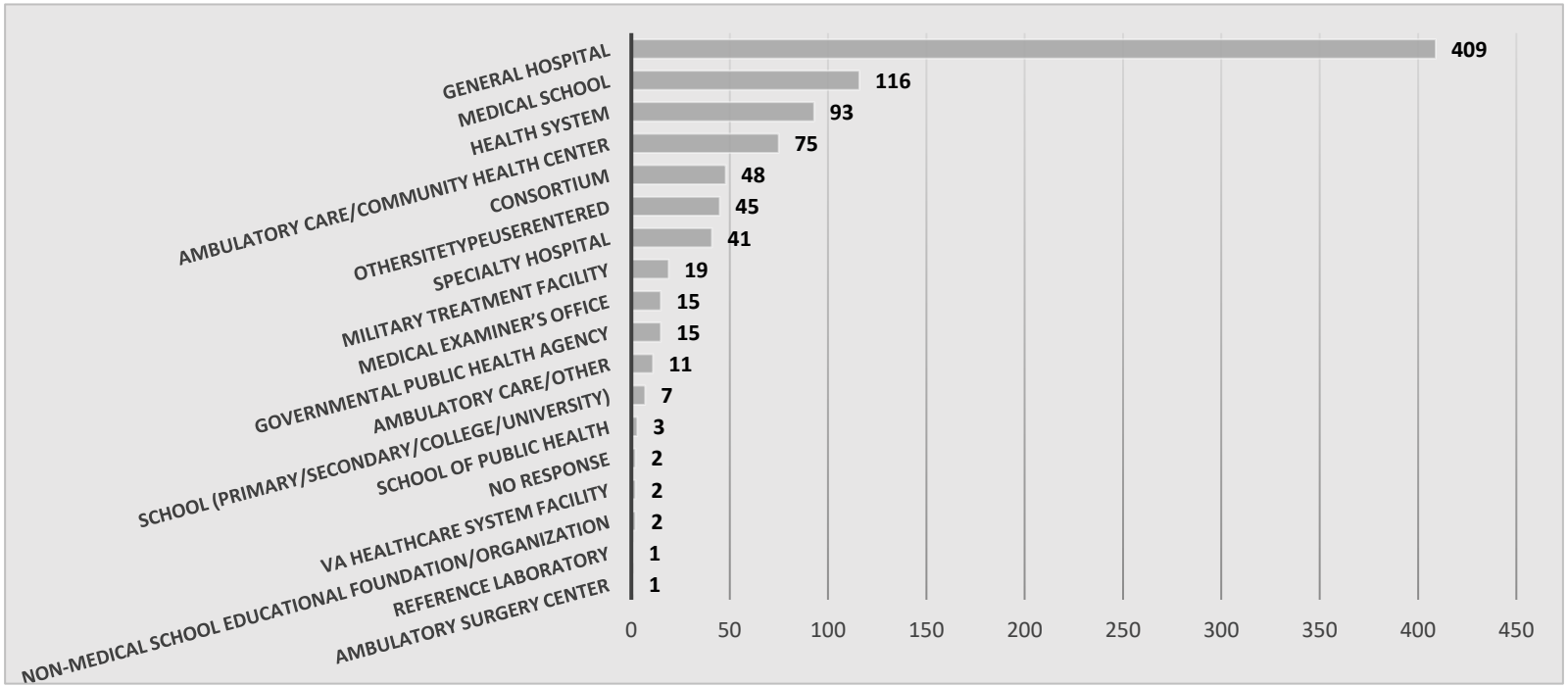
National trends

- Changing landscape of Sponsoring Institutions
- Financial pressures
- Emerging technology

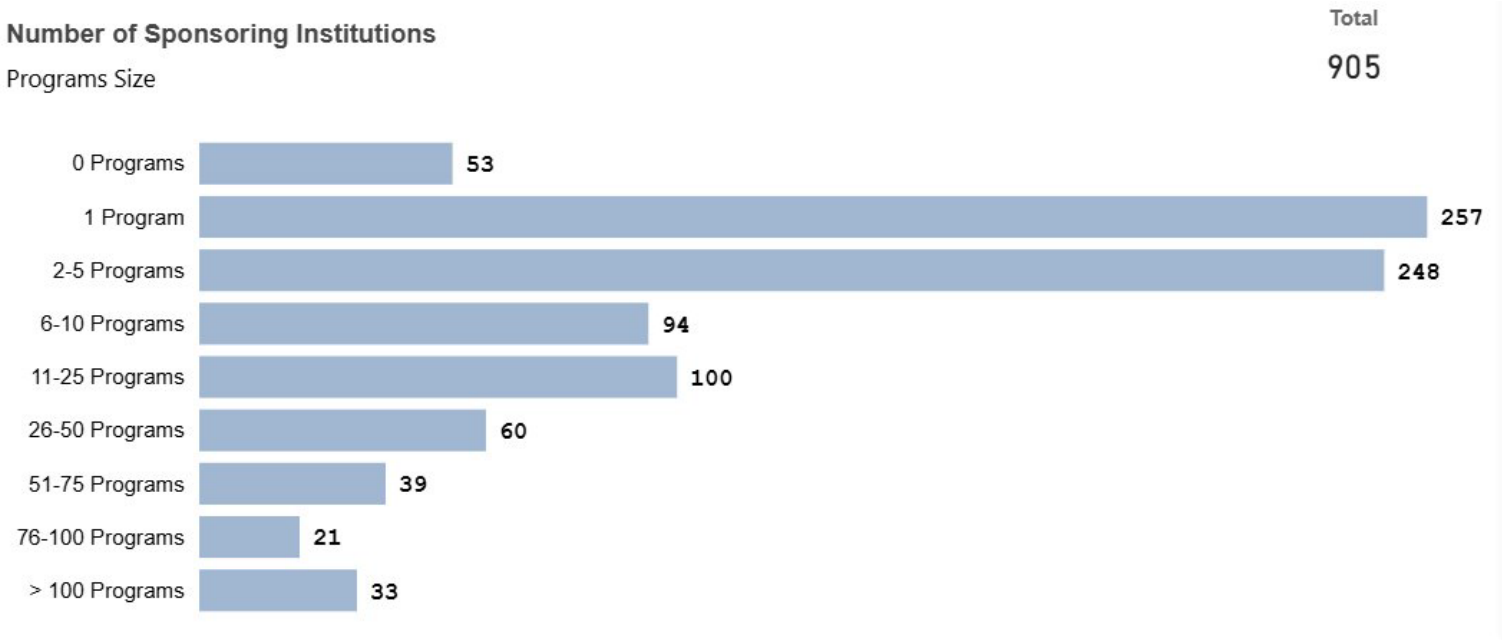
Local impact

- Fundamental changes to the practice of medicine and how we train physicians
- The role of the GME leader

The changing landscape of Sponsoring Institutions



“Small” Sponsoring Institutions are the majority



Financial pressures

- More patients
  - Inpatient volumes increased by 5.3%
  - Outpatient volumes increased b 9.8%
- Sicker patients
  - Case-mix index rose by 5% between 2019 and 2024
- Higher expenses
  - Drug spend 4x higher than growth in prices
  - Workforce costs rose 5.3%

- Reimbursement not keeping pace, especially in “low margin” areas
  - Behavioral health, burns/wounds, infectious disease, trauma, OB, neuroscience

- **Bottom line: Hospital expenses grew 7.5%, more than twice the rate of growth in hospital prices**

Emerging technologies

Technology is seen as a tool that can…improve everything?

- Improve access
- Improve care quality
- Improve patient satisfaction
- Decrease cost
- Decrease administrative burden on the team
- Decrease burnout

- Will fundamentally change the practice of medicine and the way we train physicians and the entire care team

How this influences accreditation

Requirements must:

- Make sense for all types of Sponsoring Institutions (be flexible and achievable)
- Serve as the foundation of expectations, not be aspirational
- Place resources where they truly add value
- Support GME leadership involvement in key strategic conversations
- Focus more on outcomes and less on process
- Support innovation

How these trends influence our roles

We must be nimble and responsive to this environment

- DIOs and GME leaders live in the tension between institutional strategy and graduate medical education strategy/needs/requirements
- We must find our place on that continuum
- We must maintain integrity as the GME leaders for your Sponsoring Institution

Guiding questions when you're in a tough spot

Is this worth my **time/effort**?

What is the likely **outcome**?

Does this make me a **strategic partner**?

Thank You

Intealth™
Advancing the Global Health Workforce

ECFMG FAIMER

National Panel on the State of Medical Education
The IMG Perspective

AiAMC Annual Meeting
April 17, 2026

Catherine Apaloo, MD, FACP
SVP and Chief IMG Experience Officer

The Changing Landscape of U.S. Medical Education

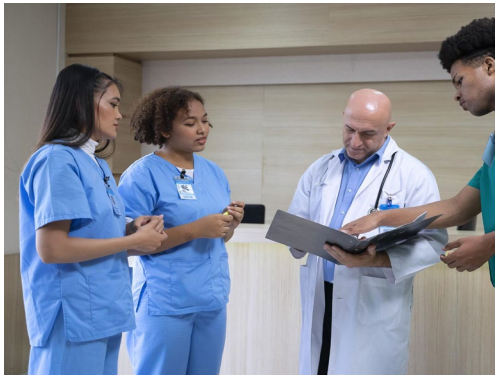
- Persistent and widening physician workforce shortages
- Rapid AI and technology integration
- Expectations for adaptability and systems thinking
- Increasing expectations around
  - Patient safety
  - Equity
  - Interprofessional care
  - Cultural humility
  - Community health
- Prioritization of primary care specialties

“Having international medical graduates (IMGs) in U.S. residency programs isn’t just about filling gaps. It’s about enriching training, expanding perspectives, and bridging the domestic and global divides in healthcare.”

—Bonaventure Ahaisibwe, M.D.

Why This Conversation Matters

U.S. Physician Shortages
Affecting multiple specialties and underserved areas



Role of International Medical Graduates
Fill critical residency positions, ensure continuity of care

Need for Awareness in Leadership
Missed workforce planning opportunities

Strategic Imperative for Healthcare
Supporting IMGs is essential to sustaining healthcare quality and accessibility

Facts to Note

The U.S. healthcare system currently cannot function without international medical graduates (IMGs)

1 in 4 physicians in practicing in the United States is an IMG (this includes U.S. IMGs)

Nearly a third (1 in 3) of practicing physicians in the United States came from abroad to train in the US (17%) or they are the child of an immigrant (13%)

IMG Profiles

Foreign Citizen IMGs

- Majority apply to ECFMG as **graduates**
- Require a visa for GME
  - ✓ J-1 or H-1B; other visa types
- Transition to GME is often different, longer

~70% of IMGs

U.S. Citizen IMGs

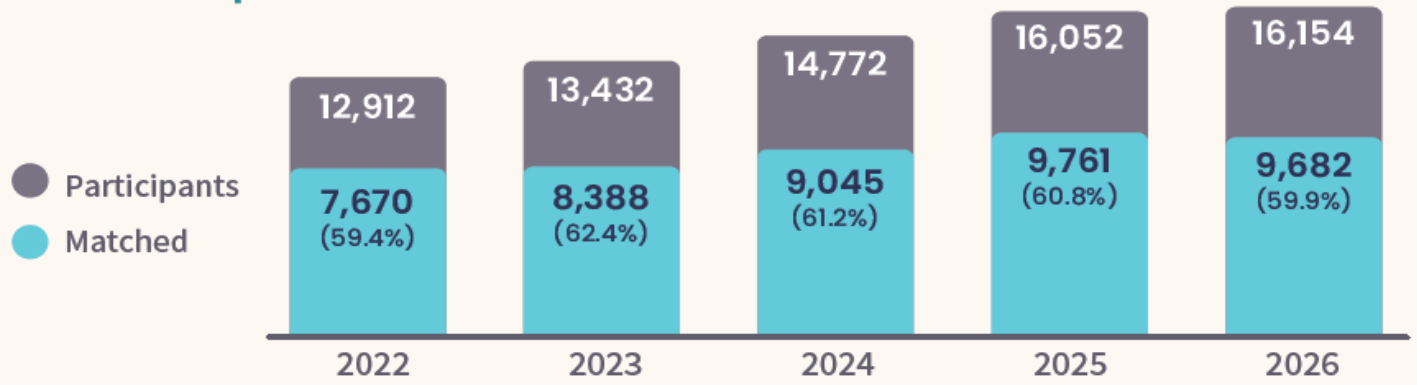
- Majority apply to ECFMG as **students**
- Do not need a visa
- Same/similar path as U.S. MDs
- Many attend medical schools in the Caribbean or Eastern Europe

~30% of IMGs

IMGs in the 2026 Match

41,126 PGY-1 Positions Offered

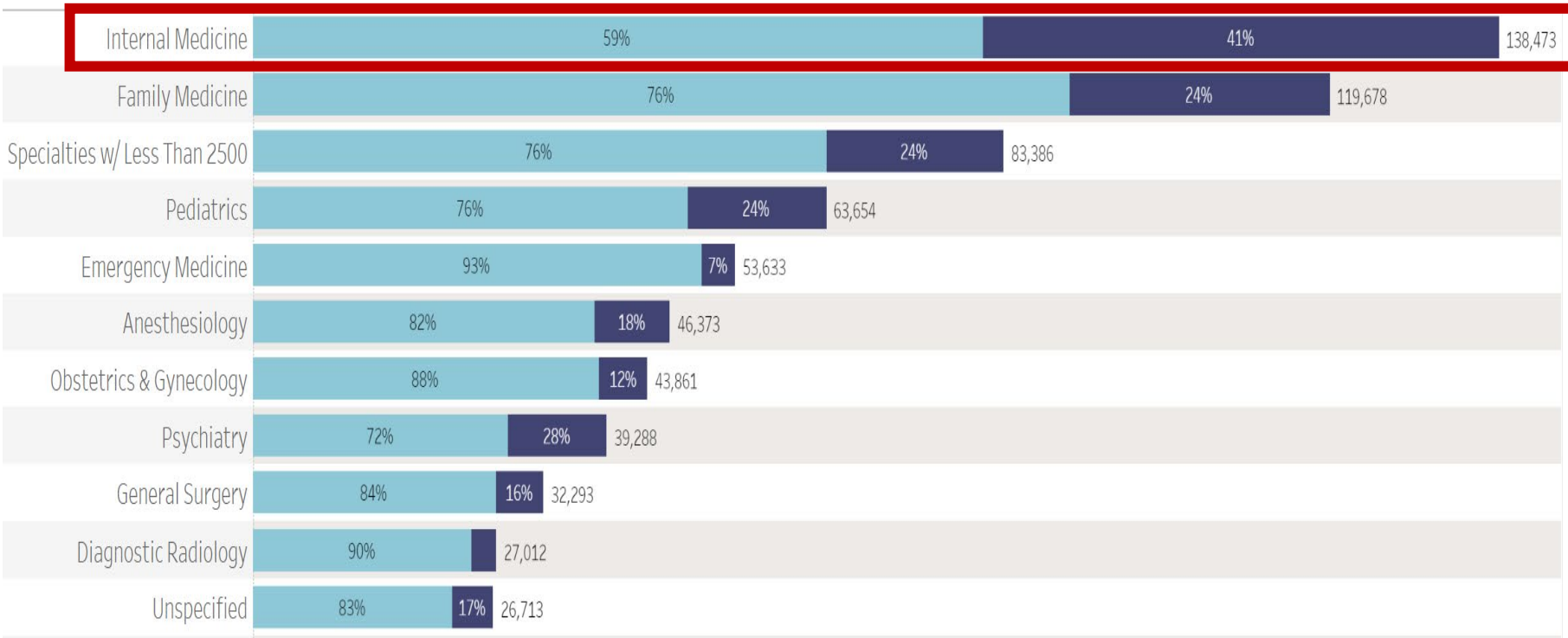
IMG Participants and IMGs Matched



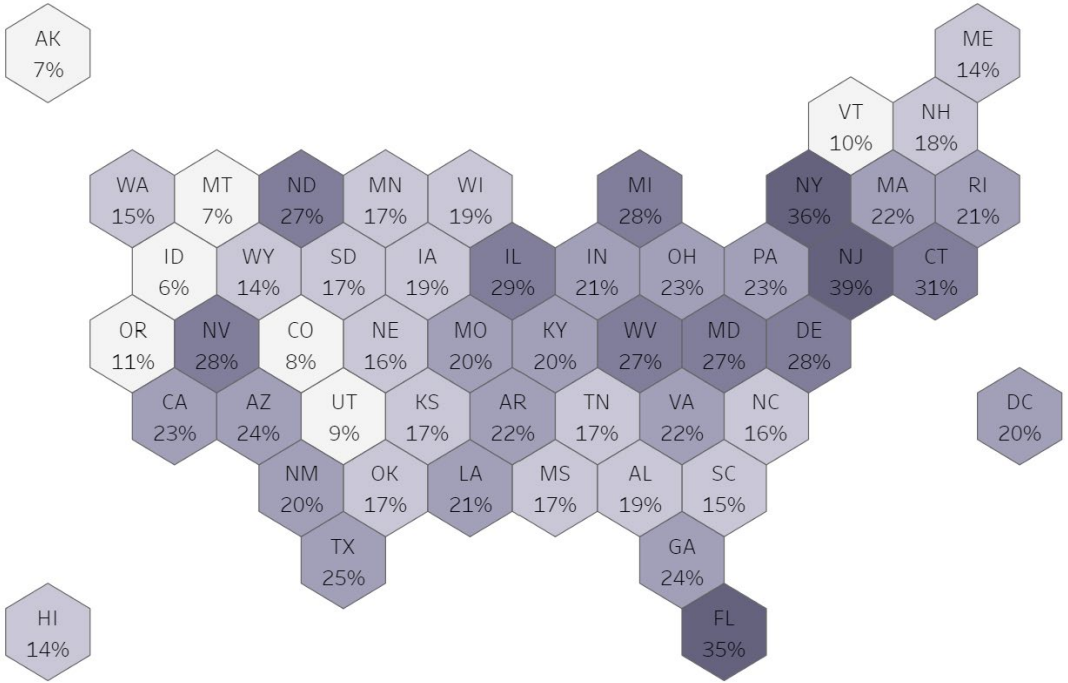
Top Five Specialties for Matched IMGs

IMGs filled approximately **42%** of all first-year Categorical Internal Medicine positions.

Active Physicians by Specialty & IMG Status



IMGs in Active Practice by State



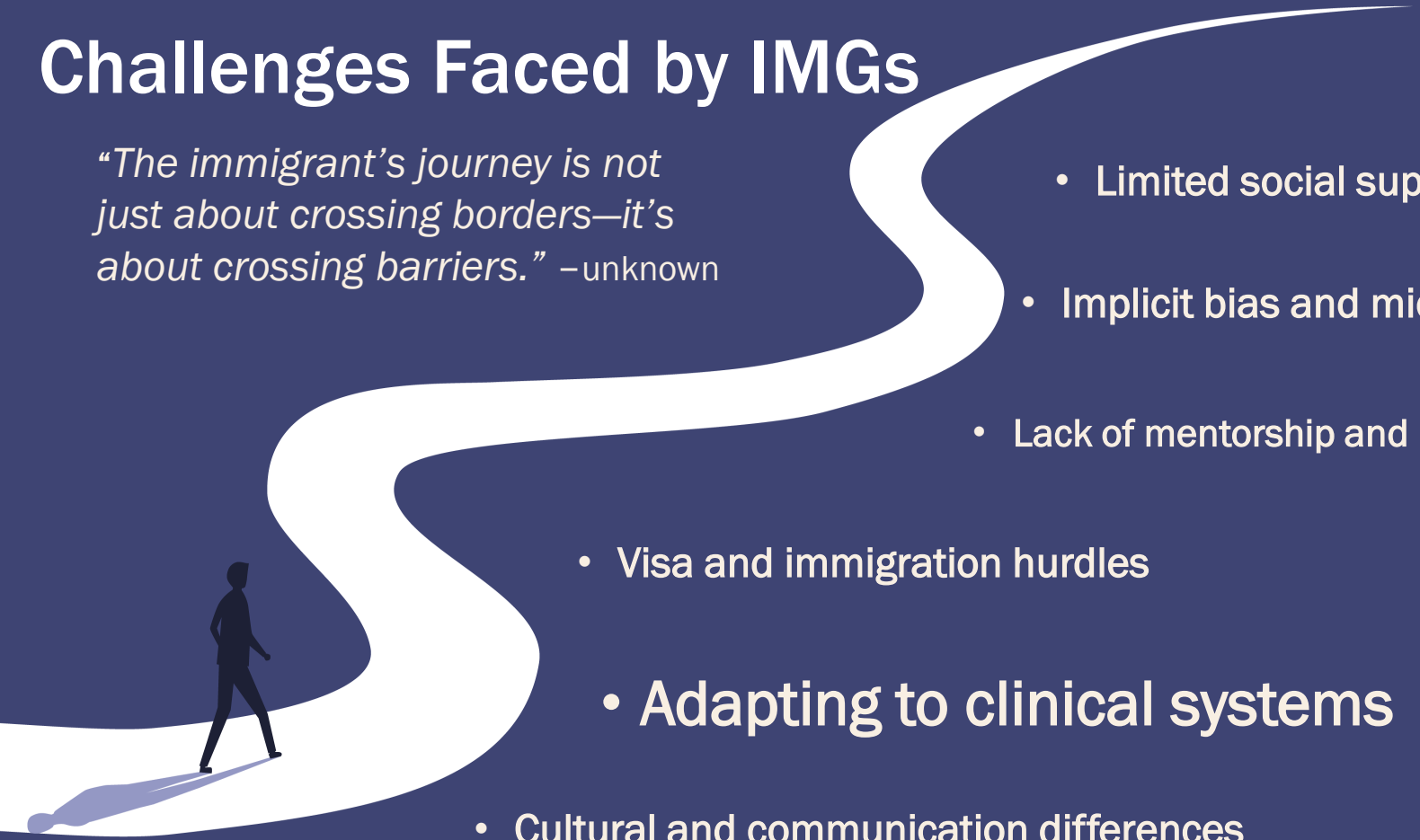
	% IMG
All Active Physicians	24%
Idaho (min)	6%
New Jersey (max)	39%

Why Include IMGs in Planning for the Future?

- Addressing Physician Shortages
- Improving Access in Underserved Communities
- Filling Critical Specialty Gaps
- Enhancing Workforce Diversity and Cross-cultural expertise
- Global Perspectives Multilingual Capabilities
- Equivalent or Superior quality Care
- Commitment to Long-Term Service

Challenges Faced by IMGs

"The immigrant's journey is not just about crossing borders—it's about crossing barriers." –unknown



- Limited social support networks
- Implicit bias and microaggressions
- Lack of mentorship and representation
- Visa and immigration hurdles
- **Adapting to clinical systems**
- Cultural and communication differences

Action Steps for Sustainability

- ✅ Streamline Visa Processes
- ✅ Provide Acculturation & Transition Support
- ✅ Leverage Intealth Resources
- ✅ Promote Networking & Mentorship
- ✅ Highlight Success Stories
- ✅ Collaboration Across Institutions

Leveraging Intealth's Data & Partnerships

- Global trend patterns
- Predictive workforce insights
- Longitudinal learner readiness data
- Transition and acculturation resources
- Well-being and belonging support

Investment in IMG Success Strengthens the System

Recognize IMG's Not as Exceptions but as Essential Contributors

Educate Others
Highly qualified and certified by ECFMG, and improve patient care

Standardize and Streamline processes
Ensure clarity by standardizing onboarding processes

Equitable Evaluation Practices
Implementation of fair evaluation methods minimizes bias and supports merit-based advancement

Robust Mentorship Structures
Addressing academic and psychosocial needs fosters integration and success

Collaboration
Advocate for institutional policies and collaborate with organizations to promote workforce diversity and address challenges

The Future State

"Design the system right and all graduates will improve the health of the nation, one community at a time!"

Modernization & Collaboration Strategies

- Transparent and equitable entry expectations
- Standardized pathways for clinical readiness
- Early exposure to AI and other system enhancements
- Interprofessional team-based education
- Community based, mission-oriented training
- Collaborative national Initiatives
- **Outcomes**: Longitudinal tracking of graduate performance

Questions or Comments?

Contact: IMGexperience@intealth.org

“The United States is a country of immigrants. The vitality and spirit brought by new Americans add texture to daily life. The diversity of cultures creates complexity and challenge for those in healthcare.

International medical graduates (IMGs) bring a wealth of knowledge of disease not often seen in the United States in addition to knowledge of the belief systems of the cultures from which they come. Belief systems have significant impact on health and disease. Having diversity within the healthcare team allows for improved care delivery within a multicultural environment.”

--Barbara L. Schuster, MD, MACP

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Artificial Intelligence in Academic Medicine

Artificial Intelligence

Check out what the AAMC has to offer!

- Monthly webinars and skill building workshops
- AI-enhanced tools for exploring AAMC webinars
- Dedicated virtual community
- Principles for the Responsible Use of AI in Medical Education and in Admissions and Selection
- Key resources collection
- Competencies (coming soon!)
- Key scholarship in Academic Medicine and MedEdPORTAL

aamc.org/AI

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Sample AI Uses Across the Continuum

Personalized Learning Platforms (n=6) (e.g., Intelligent tutoring systems)

Sentiment Analysis & Bias Evaluation (n=7) (e.g., determining emotional tone from text)

ChatBots (n=2) (e.g., Q&A)

Pre-Med & Admissions

Pre-Clerkship

Clinical Guidance for Trainees (n=11) (e.g., decision support tools)

Clerkship & Electives

Clinical Skills (n=10) Surgical/Procedural Skills, Narrative Test Analysis (n=15)

GME

Virtual Patient Simulators (n=11) (e.g., clinical reasoning practice)

Gordon, Daniel, et al. (29 Feb 2024): A scoping review of artificial intelligence in medical education: BEME Guide No. 84, Medical Teacher

AAMC Advocacy Strategy & Priorities

AAMC Advocacy Strategy

- The AAMC's advocacy is nonpartisan, focused on advocating for issues and policies impacting our members and their communities.
- We actively engage across the political spectrum as well as with stakeholders and coalitions to advance our mission.
- Closely connected to our members and their work, and rooted in our AAMC mission, we participate in the current political and legal landscape.
- We're dedicated to being a strong, adaptable advocate for academic medicine, ensuring our members can continue their vital work.
- **The AAMC is committed to:**
  - Actively advocating for our members' interests.
  - Maintaining strong lines of communication with members, including through:
  - Educating policy makers about academic medicine
  - Being strong stewards/fiduciaries to ensure long-term sustainability.
  - Evolving our policy positions and advocacy approach

AAMC Advocacy Priorities

- **Strengthen the Health Care Workforce**
  - Increase investment in Medicare-supported graduate medical education (GME)
  - Support vital physician training programs
  - Expand funding for HRSA Title VII and VIII workforce development programs
- **Protect Patients' Access to Health Care**
  - Protect the tax-exempt status of nonprofit academic health systems and teaching hospitals
  - Improve reimbursement from Medicare and Medicaid
  - Preserve supplemental financial support for safety-net hospitals
  - Uphold the 340B Drug Pricing Program
  - Reduce the administrative burden on academic health systems and teaching hospitals
- **Support the Training of Future Physicians and Researchers**
  - Ensure that medical expertise guides medical care
  - Preserve critical student financial aid programs
- **Promote Funding for Health and Scientific Research**
  - Ensure robust and sustained growth in medical research supported by the NIH
  - Support academic health systems and teaching hospitals' efforts to responsibly deploy artificial intelligence and related technologies
  - Support the full spectrum of scientific inquiry
  - Reduce, streamline, and harmonize excessive or outdated medical research regulations
  - Ensure a robust, federally-funded public health and research infrastructure

Nutrition in Medical Education Curriculum

AAMC Strategic Collaborative Efforts to Grow Nutrition in MedEd

2016-2019

- **AAMC Strategic Initiative Launched** *including Nutrition In MedEd*
- **NASEM Roundtable on Obesity Solutions**
- **LMED *MedEdPORTAL* Collection**
- **Obesity Care Competencies** *AAMC + Stop* Obesity Alliance
- **IPE eLearning Module released Navigating a Food Borne Illness**

2020-2021

- **PPH Evaluation Framework published in *Academic Medicine***
- **AAMC supports Virtual Learning in Lifestyle Medicine (COVID response)**

2022-2023

- **National Summit on Nutrition Education + Delphi Study for Competencies**
- **TKC + FIM + Google Convening (Boston)**
- **SCOPE Survey deep dive**
- **PPH Commentary in AM**
- **AAMC commits to White House Challenge**
- **Build a Better Curriculum Webinar Series**

2024

- **Lifestyle Medicine added to Careers in Medicine (CiM)**
- **ACLM Publication**
- **Foundational Competencies for UME (AAMC/AACOM/ACGME) includes preventive care**
- **Nutrition Competencies published in JAMA**
- **ACLM Plenary**

2025

- **AIHM Leadership Summit**
- **AAMC sponsors TKC Annual Conference**
- **AAMC Publishes Data Snapshot on Nutrition Curricula**
- **AAMC LSL special session**
- **AAMC commits to HHS Challenge**

2026+

- **Exemplary models amplified and community supported to advance further integration**
- **Best Practices Summit on Nutrition in MedEd Sponsored by TKC (AAMC HQ)**

AAMC Strategic Initiatives | Convening | Data & Resources | Publications & Guidance | Federal Agency Response | Professional Development

**This timeline is not exhaustive and includes sampling of efforts most relevant to nutrition from a broader longitudinal PPH initiative led by Dr Fair, AAMC.*

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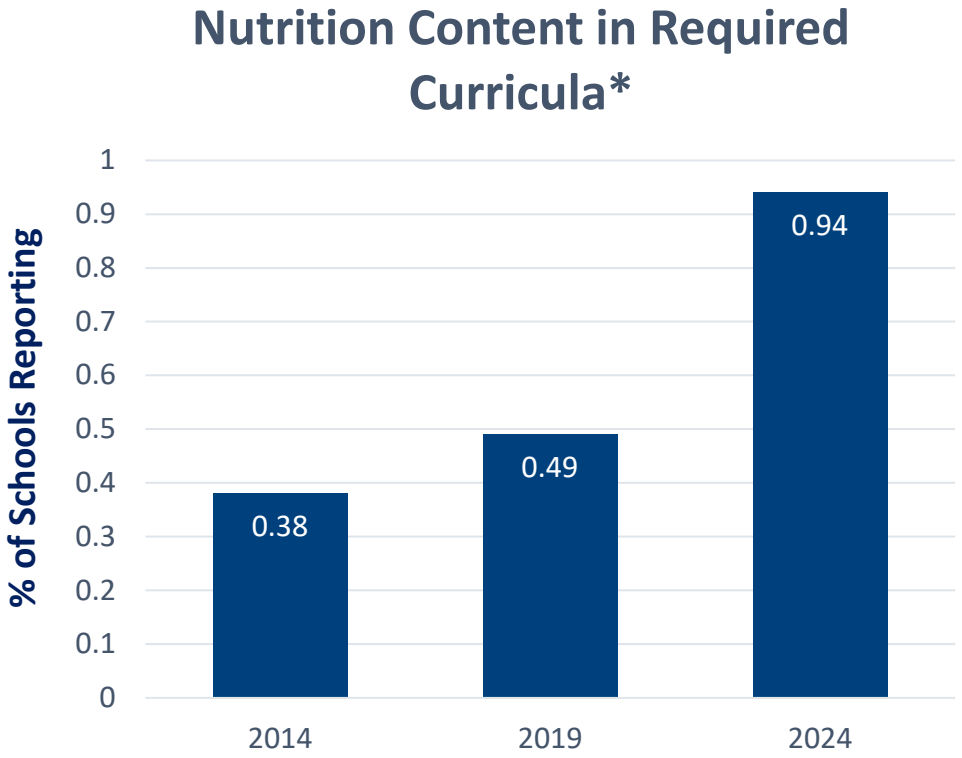
2014 to 2024

Schools reporting requiring nutrition in the curriculum beyond that related to the foundational sciences.

Emerging nutrition content includes but not limited to food access and healthy choices, communicating for behavior change, disease prevention, the role of nutrition professionals.



*The source for the 2014 and 2019 statistics is the AAMC Curriculum Inventory. The source for the 2024 statistic is the AAMC AACOM Curriculum SCOPE Survey. See: Blood, Angela D. MPH, MBA, CHSE-A; Farnan, Jeanne M. MD, MHPE; Fitz-William, Walter MPP. Curriculum Changes and Trends 2010–2020: A Focused National Review Using the AAMC Curriculum Inventory and the LCME Annual Medical School Questionnaire Part II. Academic Medicine 95(9S):p S5-S14, September 2020.

Medical Educators' Call to Action

1. Conduct a nutrition gap analysis

Use the AAMC's Nutrition in Medical Education Curricula data snapshot (PDF) and the recently published "Proposed Nutritional Competencies for Medical Students and Physician Trainees" as guiding frameworks to map where nutrition competencies are currently addressed.

Steps could include and are not limited to:

1) Assembling a **small cross-functional task force** including curriculum leaders, faculty with nutrition or lifestyle medicine expertise, including dietitians, nutritionists, and student representatives.
2) Reviewing **existing curricular content** (preclinical, clinical, interprofessional) and considering where nutrition is currently addressed — use the AAMC data snapshot and proposed nutritional competencies as guides.
3) Identifying **gaps and redundancies**, if any, across the learning continuum, noting opportunities for vertical and horizontal integration.
4) Identifying **areas of strength** and considering **sharing** with fellow educators.

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Medical Educators' Call to Action

2. Fill identified gaps

1) **Partner** with nutrition and dietetic practitioners, public health professionals, and lifestyle medicine experts for interprofessional co-development and delivery.
2) **Focus on adding or amplifying** nutrition into existing, high-impact educational curricula rather than creating standalone modules.
3) **Refer to AAMC and *MedEdPORTAL*** resources, data snapshots, and other materials.
4) **Leverage other national resources** described in the AAMC's nutrition resource bundle for curricular materials and training; consider submitting exemplars to *MedEdPORTAL* for publication.

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Medical Educators' Call to Action

3. Share exemplary practices

1) **Build connections** and **share practices** within AAMC virtual communities.
2) **Submit exemplary curricular** practices and resources to *MedEdPORTAL* for dissemination.
3) **Submit proposals** to present works at future meetings and professional development conferences.

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