Primary care workforce in Washington

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Occupations playing key roles

- Physicians
- Nurse practitioners
- Physician assistants
- Nurses
- Pharmacists
- Medical assistants

These professions make up the bulk of diagnosing and treating clinicians in primary care; WA broad scope for ARNP/PA makes their primary care contribution larger than in some other states.

- Behavioral health clinicians
- Community health workers
- Front office staff

Primary care physician workforce

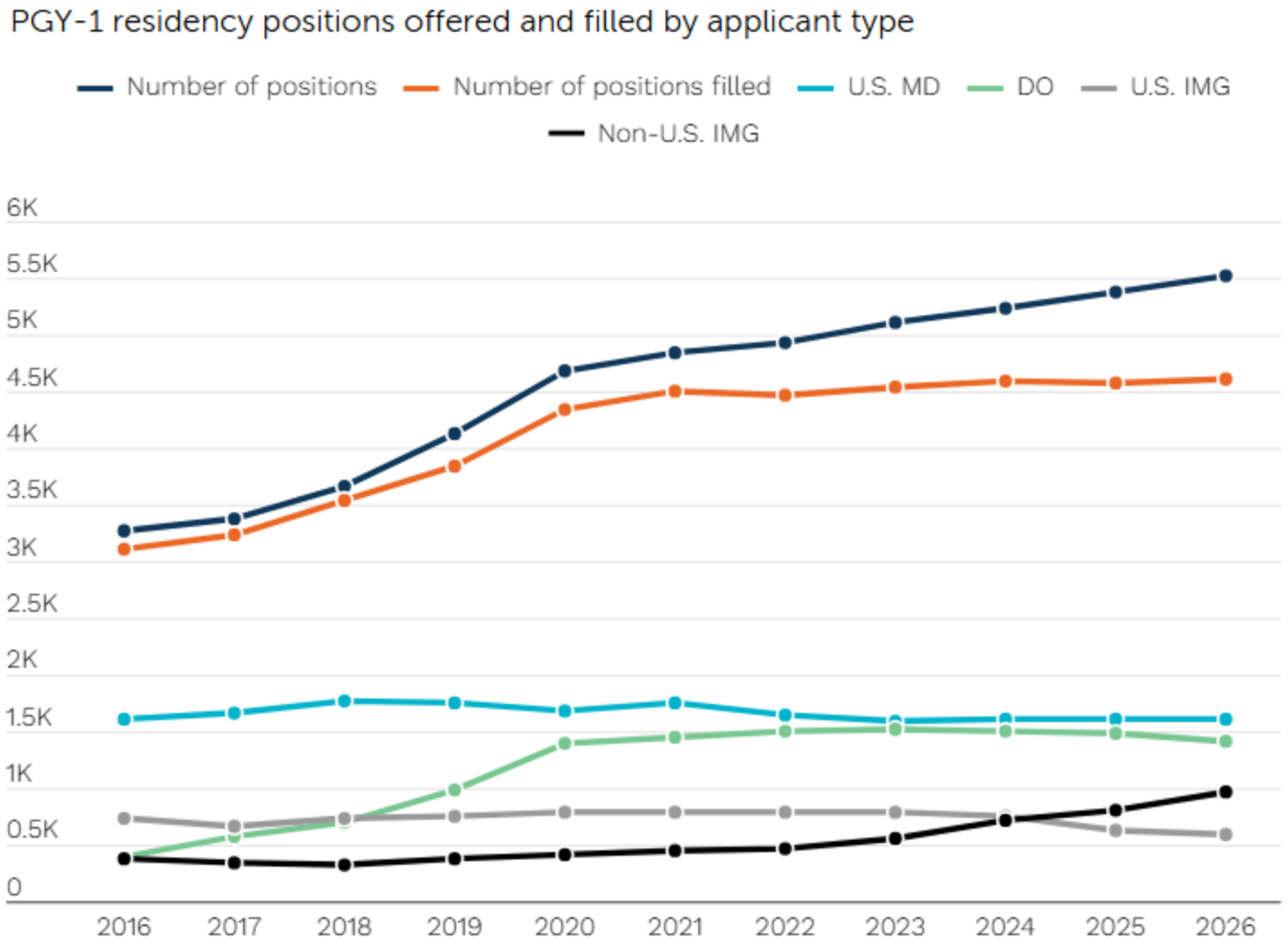
Family medicine training is connected to primary care

As specialties, family medicine, internal medicine and pediatrics all produce graduates for primary care practice. However, a significant percentage of internal medicine and pediatric physicians typically pursue a subspecialty and are less likely to work in primary care than family medicine.

Growing family medicine programs as a workforce strategy

Nationally, family medicine training has significantly expanded; however, while the number of positions has grown, the volume of medical students interested in primary care has not seen a commensurate increase. Additionally, Washington is facing new challenges to our family medicine training capacity.

Family medicine in the NRMP Match 2016-2026



The percentage of offered family medicine positions filled during the NRMP Match has been declining.

899 FMY positions were unfilled after the Match in 2026, though most were ultimately filled via the Supplemental Offer and Acceptance Program.

Source: American Academy of Family Physicians.

Data are sourced from the National Resident Matching Program as of Match Day each year and do not include positions filled in the Supplemental Offer and Acceptance Program or through the American Osteopathic Association Intern/Resident Registration Program.

Note: The rapid increase in number of positions offered and filled 2014 to 2020 is reflective of the shift to a single accreditation program under the ACGME.

Family medicine physician supply

Overall weak student interest in and exposure to family medicine

Nationally, 7.7% of all U.S. MD seniors matched into family medicine. Some medical schools have family medicine match rates close to zero.

University of Washington SoM	2022	2023	2024	2025	2026
Number UW Students Matching*	265	268	252	256	272
Number UW Students Matching into FM	47	36	43	33	29
Percent UW Students Matching in FM	17.7%	13.8%	17.1%	12.9%	10.7%

*Includes UW seniors and "sponsored grads"; those matching includes the NRMP, urology, ophthalmology and the military match

Washington State University CoM	2022	2023	2024	2025	2026
Number WSU Students Matching	54	68	66	68	74
Number WSU Students Matching in FM	9	16	9	11	7
Percent WSU Students Matching in FM	16.6%	23.5%	13.6%	16.2%	9.4%

Data from University of Washington Family Medicine Residency Network

Family medicine physician supply

Osteopathic medical schools historically have more students enter FM

Nationally, 17.7% of all U.S. DO seniors matched into family medicine. However, this percentage declined in recent years.

Pacific Northwest University of Health Sciences CoOM	2022	2023	2024	2025	2026
Number PNWU Students Matching*	148	137	148	140	142
Number PNWU Students Matching in FM	55	46	43	42	46
Percent of PNWU Students Matching in FM	37.2%	33.6%	29.1%	30.0%	32.4%

*Includes PNWU seniors and "sponsored grads"; NRMP, urology, ophthalmology and military match

Data from University of Washington Family Medicine Residency Network

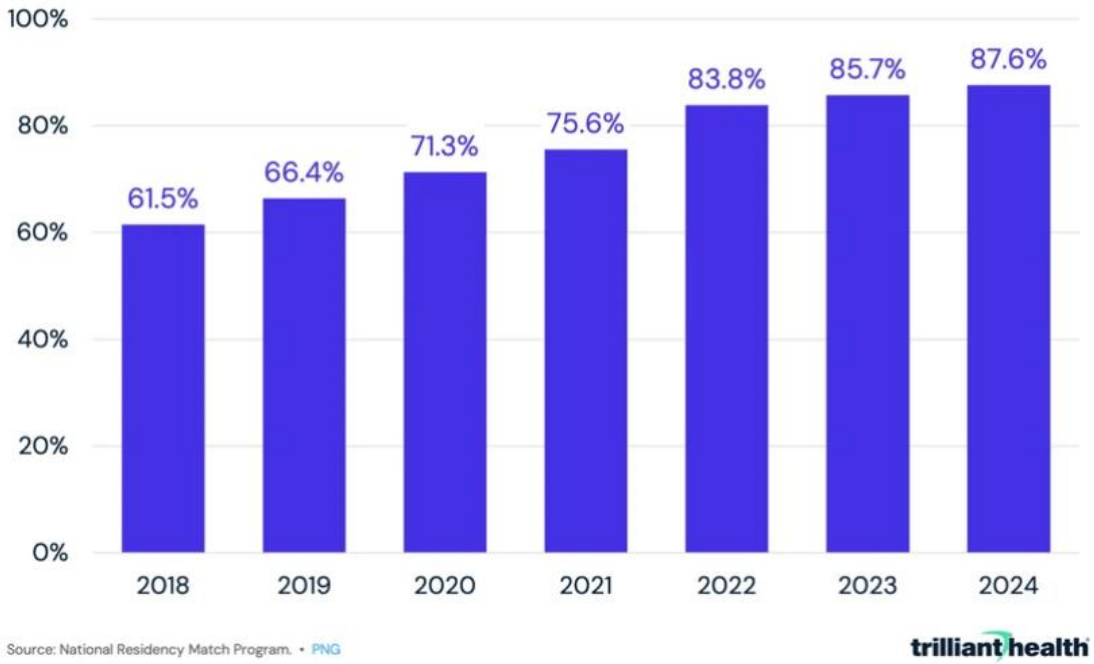
Internal medicine physician supply

More internal medicine residents appear to be subspecializing

Immigration policy changes may also impact the future IM workforce. The 2026 Match rate for non-U.S. international medical graduates needing visa sponsorship was a 5-year low.

WA has seven civilian IM programs accepting about 125 residents per year.

FIGURE 3. Share of Internal Medicine Residents Subspecializing in Fellowships



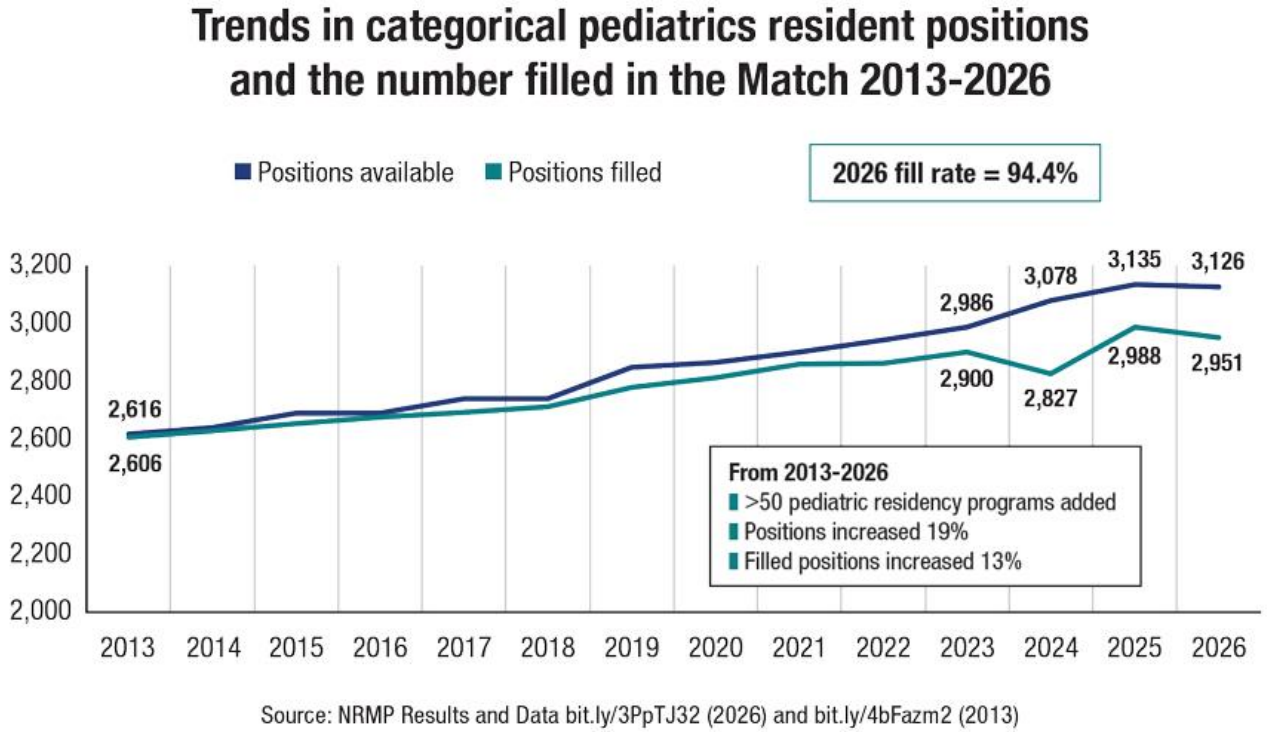
Surge of Subspecialties in Internal Medicine Residency

Pediatric physician supply

Pediatric programs remain popular

There has been steady growth in pediatric positions, though not as large as family medicine. According to the American Academy of Pediatrics, about half of pediatric residents will go on to subspecialty training.

WA has two civilian pediatric programs accepting about 45-50 residents per year.



Source: NRMP Results and Data bit.ly/3PpTJ32 (2026) and bit.ly/4bFazm2 (2013)

More than 3,000 pediatric residencies filled in 2026 Match, a slight dip from previous year | AAP News | American Academy of Pediatrics

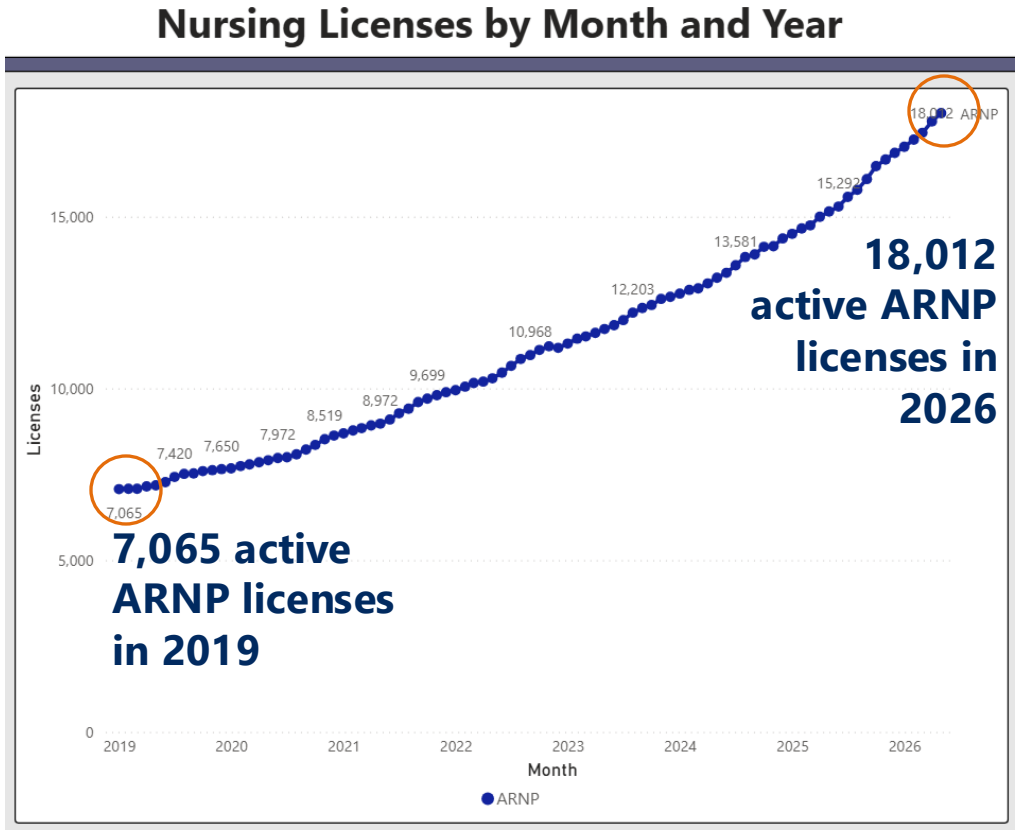
Nurse practitioner supply

NP supply has surged nationally and in WA

OFM analysis of supply for 2021-2023 found about 50% of ARNP license holders were active in Washington insurance networks.

Of those ARNPs actively participating in insurance, **about 33% were providing primary care**.

2021-23 Advanced Registered Nurse Practitioner Supply



Source: Washington Board of Nursing, June 2026

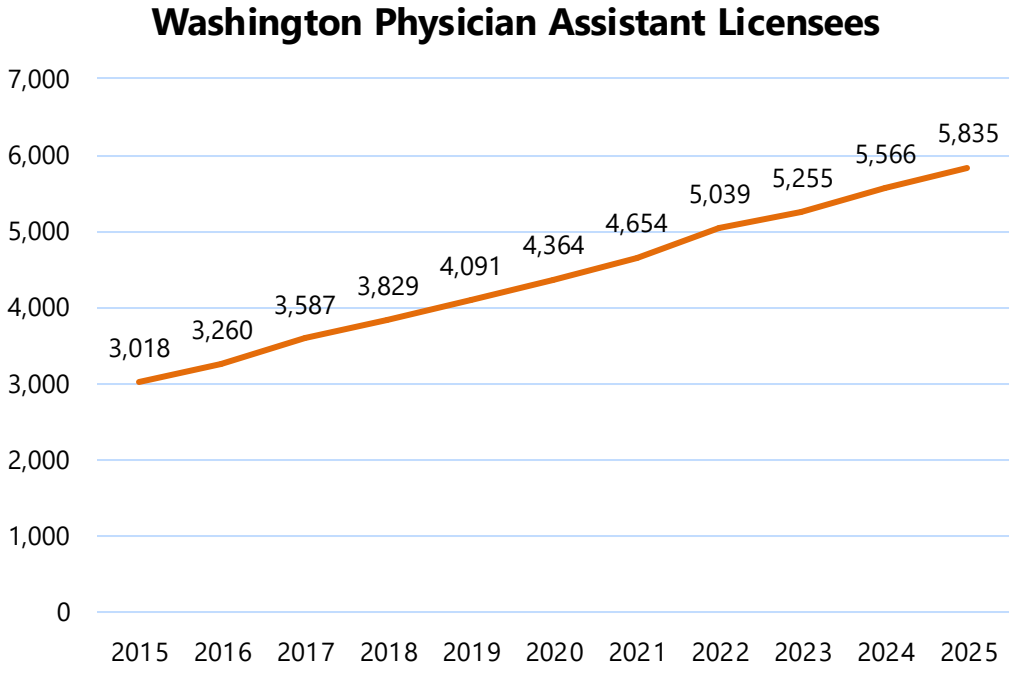
Physician assistant supply

PA supply has steady risen

OFM analysis of supply for 2021-2023 found about 75% of PA license holders were active in Washington insurance networks.

Of those PAs actively participating in insurance, **about 22% were providing primary care**.

2021-23 Physician Assistant Supply in Provider Networks: Estimates for Washington



Source: Washington Medical Commission, June 2026

Potential Policy Actions

Potential policy actions

Payment system reform to improve daily work experience, admin burden

Reduce “burnout,” keep the clinicians we already have working in primary care.

Integrating international medical graduates

Washington Medical Commission is working to integrate international medical graduates who are already residing in the United States into clinical practice. SB 5185 passed in 2026 and creates a pilot program to assess IMG competency and allow for practice in primary care. Evaluation of this effort can determine if it should be continued past the pilot.

Potential policy actions

Incentives to maintain/grow family medicine training

The strategy nationally is to incentivize hospitals to keep programs operating. Whether this continues to be effective in the face of hospital fiscal pressures is in question.

Accelerated medical school cohort + primary care residency

This will help reduce borrowing costs and time to practice for individuals who are dedicated to primary care. (Consortium of Accelerated Medical Pathway Programs)

Potential policy actions

Broader data collection to help inform policy decisions

HB 1485 (2015) created the biannual requirement for a report from DOH with information from our state's family medicine residency programs. Washington has no ongoing central surveillance for other primary care specialties.

The report also does collect information about practicing decisions beyond the first year after residency. At that time, some individuals are still in fellowship training or in temporary positions. Practice choices tend to be more stable by 5 years post residency.

Potential policy actions

Determine appropriate role of technology (AI) in primary care

"Establish and fund commissions and taskforces that audit companies and models and make independent assessments and recommendations. Make the companies rolling out these model accountable for any harms caused by their technology. Educate and empower the public through media, policies, and democratic frameworks that give them a real say in what happens to their lives and labor through these technologies" – Chirag Shah, Professor, Information School, UW

"The Legislature should establish a permanent advisory body to monitor and evaluate the deployment of AI and emerging technologies by public and private entities operating within Washington." – Washington State Artificial Intelligence Task Force, Final Report, July 2026

Thank you!

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