

Strengthening Family Medicine and Pediatrics to Improve Hoosier Health

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Family medicine physicians and pediatricians play foundational roles in Indiana's healthcare delivery system, yet workforce shortages continue to limit access to care across the state. Indiana has 172 [federally designated](#) primary care workforce shortage areas in many counties across the state, particularly focused in rural communities. According to [Indiana licensing and supplemental survey data](#), 3,019 physicians report actively practicing in family medicine statewide and only one county with no reported family medicine full-time equivalent (FTE). Looking at physicians reporting a specialty of general pediatrics, there are only 762 actively practicing pediatricians and 26 counties reporting no pediatrician FTE. These geographic gaps underscore the need for targeted workforce strategies to improve access to primary care.

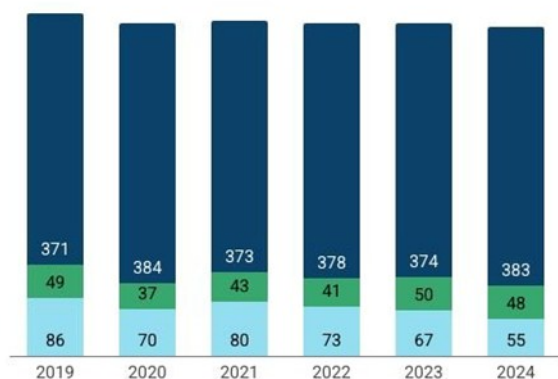
The Indiana Health Workforce Council, established in 2024, brings together clinicians, educators, employers, and state leaders to create an Intentional strategy for strengthening the state's health workforce capacity.

Focus Areas

- Expand and strengthen graduate medical education capacity in family medicine and pediatrics
- Utilize targeted incentives to attract and retain family medicine and pediatric physicians in rural and other high-need communities

Indiana Medical Graduates and Specialty to Which They Matched

Family Medicine Pediatrics Other



Family Medicine & Pediatric Residencies

An evaluation of Indiana's [medical education pipeline](#) showed differing challenges for family medicine and pediatrics. In 2024, 11% of Indiana medical school graduates matched to family medicine, down from 17% in 2019. For pediatrics, the percentage remained stable at 10% across the same period.

Residency capacity and in-state retention also differ between the two specialties.

Indiana has 18 [accredited residency programs](#) in family medicine located in both urban and rural communities and offering a total of 408 residency positions. Approximately 50% of [Indiana medical graduates](#) who match into family medicine completed their residency training in state. Pediatrics, by contrast, has only two [accredited residency programs](#), both located in Indianapolis, with 113 total positions statewide. Only 25% of [Indiana medical graduates](#) who match into pediatrics remain in Indiana for residency training.

Stakeholder engagement and survey findings from both family medicine and pediatrics residency program directors indicate that residency expansion is limited by funding availability, shortages of preceptors, and insufficient outpatient training sites. Pediatric residency program directors emphasized the current limited GME capacity, while family medicine program directors emphasized challenges related to recruitment and resident interest. These and above data points signaled the need for different approaches to strengthening the pediatric and family medicine physician workforces.

Recommendations:

- Prioritize pediatric residency expansion in Graduate Medical Education Board funding decisions, with emphasis on community based and rural training sites, aligning GME investments with specific workforce needs
- Expand rural training opportunities for pediatric residents to support long term practice in underserved areas

Recruitment and Retention

Targeted recruitment and retention strategies are critical to addressing persistent workforce gaps, particularly in rural Indiana.

A [review of state loan repayment programs](#) in Indiana and surrounding states found that Indiana's maximum loan repayment incentive of \$80,000 is substantially lower than neighboring states such as Kentucky and Michigan, which both offer up to \$300,000. This disparity may incentivize Indiana trained physicians to practice out of state. Additionally, Indiana does not currently offer a state sovereign loan repayment program while some other neighboring states do.



The subcommittee also examined innovative recruitment strategies, including [National Resident Matching Program \(NRMP\) exemption](#) pathways, which allow approved residency programs to directly fill selected positions outside of the Match. This approach has been used in other states to recruit physicians committed to long-term practice in rural and underserved communities.

Recommendations:

- Leverage the [Indiana Rural Health Transformation Program](#) to support recruitment and retention of family medicine and pediatric physicians in rural communities
- Explore NRMP exemption pathways to create targeted pipelines for physicians committed to rural practice
- Strengthen early pipeline development through coordinated K12 and undergraduate exposure to family medicine and pediatrics

Moving Forward

These recommendations represent a potential strategy to address Indiana's family medicine and pediatric workforce challenges. By strengthening graduate medical education capacity, advancing targeted recruitment and retention incentives, and supporting early and sustained workforce pipeline development, Indiana can improve access to primary and pediatric care for communities across the state.



Contact the Health Workforce Council
for more information:

<https://www.in.gov/health/directory/office-of-the-commissioner/health-workforce-council/>

