



# Medical Student Admission Capacity in Iran: From Planned Expansion to Policy Shock and Health Workforce Sustainability Challenges

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## Introduction

The health workforce is widely recognized as the cornerstone of health systems and a critical determinant of effective, equitable, and resilient service delivery (1). According to the World Health Organization (WHO), Human Resources for Health (HRH) planning must be grounded in a comprehensive, system-wide perspective that integrates population health needs, epidemiological transitions, service delivery models, educational capacity, and health labor market dynamics (2).

In recent years, medical student admissions capacity in Iran has become a highly contested health policy issue. Dominant public discourse has framed the challenge primarily as an insufficient supply of physicians, leading to strong political pressure for the rapid expansion of medical school admissions (from 7200 in 2016 to 16200 in 2025). However, available evidence suggests that Iran's core challenge is not limited to physician production, but rather relates to health workforce governance, including effective deployment, equitable geographic distribution, retention, and sustainable utilization of trained physicians within the health system (3).

## Quantitative Trends in Medical Student Admissions: From Planned Growth to an Abrupt Policy Shock

A longitudinal assessment of medical student admission trends indicates that capacity expansion in Iran was initially incremental and relatively evidence-informed. Between 2013 and 2020, the Ministry of Health and Medical Education (MOHME) implemented a gradual increase in medical school intake based on demographic projections, disease burden trends—particularly the rising prevalence of noncommunicable diseases—and HRH needs assessments.

According to official data from the Council for Expansion of Medical Sciences Universities, the annual admission capacity for general medicine was approximately 5,300 students in 2013 and increased to about 8,400 students by 2019. During this period, total admission capacity increased by approximately 30–40%, with efforts to align growth with available educational infrastructure, clinical training sites, and faculty capacity (4).

This trajectory shifted substantially following the 2020 resolution of the Supreme Council of the Cultural Revolution, which mandated a rapid and sizable expansion of medical student admissions. As a result, admission capacity increased to more than 16,000 students by 2025, representing nearly a twofold rise within less than six years. Moreover, according to recent decisions by the Parliament and the Supreme Council of the Cultural Revolution, this capacity level—around 16,000 admissions per year—is expected to be maintained in the coming years. This decision constituted an exogenous policy shock to Iran's medical education and HRH system, as it was introduced without commensurate strengthening of prerequisite inputs such as teaching hospitals, clinical training opportunities, academic faculty recruitment, or sustainable financing mechanisms.

Consequently, universities of medical sciences experienced a sudden and substantial increase in student numbers, resulting in overcrowded clinical learning environments, deteriorating student-to-faculty ratios, reduced exposure to supervised clinical practice, and increased workload and burnout among educators. This rapid expansion has also undermined the proper implementation of educational curricula, particularly clinical training and community-based education. From an HRH systems perspective, the magnitude and speed of this expansion have exceeded

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the absorptive capacity of medical education institutions, raising serious concerns regarding the maintenance of educational quality (5).

Importantly, WHO frameworks emphasize that the production of the health workforce must be aligned with the health labor market's absorption capacity. Projections suggest that continuation of current admission policies may lead to a surplus of general practitioners, at a time when Iran already faces challenges in employing, motivating, and retaining existing medical graduates. In the future, this may contribute to underemployment or unemployment among medical graduates, delayed entry into the labor market, persistent geographical maldistribution, and inefficient use of public resources. Despite these concerns, no comprehensive national assessment has yet estimated the financial and economic dimensions of this issue, particularly for general medicine (4). Continuation of the current policy may therefore weaken the financial sustainability, efficiency, and equity of the health system, while increasing the risk of policy errors in determining medical student admission capacity. In this context, the feasibility of integrating large cohorts of newly trained physicians into productive and sustainable roles within the health system appears increasingly uncertain.

#### Physician Employment and Distribution: The Central HRH Bottleneck

Contrary to prevailing narratives, Iran's principal HRH challenge is not absolute physician scarcity, but suboptimal utilization of available human capital. Evidence indicates that a considerable share of general practitioners are either inactive in service delivery, underemployed, engaged in non-clinical occupations, or considering migration. This reflects structural weaknesses in health labor market governance, including unclear career pathways, income instability, and limited opportunities for professional development (6).

Persistent geographic maldistribution of physicians further undermines equitable access to care. WHO experience demonstrates that compulsory service policies, when implemented without adequate financial, professional, and social incentive packages, are insufficient to ensure long-term retention of health workers in underserved areas (7).

#### Educational Quality and Infrastructure Constraints

Medical education—particularly competency-based clinical training—is highly resource-intensive and dependent on learning environments that meet minimum quality standards. WHO guidance underscores the necessity of sufficient clinical exposure, qualified trainers, manageable trainee workloads, and accredited training facilities. Rapid expansion of medical student intake without parallel investment in these foundational components risks compromising the quality of pre-service education, with downstream effects on patient safety, quality of care, and public trust (8).

Such erosion of educational quality poses a long-term systemic risk, as remediating poorly trained cohorts is far more costly and complex than preventive capacity planning.

#### Health Workforce Skill-Mix Imbalances

While policy attention has disproportionately focused on increasing physician numbers, available evidence indicates that Iran's most critical HRH shortages lie in nursing, rehabilitation, and allied health professions. Accelerated attrition, migration, and weak retention mechanisms within these cadres threaten the efficiency of service delivery and the continuity of care. WHO frameworks emphasize the importance of an appropriate skill mix aligned with population health needs; physician-centric expansion strategies risk exacerbating workforce imbalances while increasing system costs without proportional gains in performance (9).

#### Conclusion and Policy Implications

Health workforce planning driven predominantly by numerical admission targets—rather than by integrated HRH strategies—risks generating inefficiencies and undermining system sustainability. WHO consistently emphasizes that HRH governance is a complex, multi-dimensional endeavor shaped by interactions between education systems, labor markets, financing mechanisms, and population health needs (10).

The recent rapid expansion of medical student admissions in Iran, implemented without adequate preparation of the educational infrastructure or health labor market absorption mechanisms, raises serious concerns regarding long-term sustainability, educational quality, and the optimal use of public investment in human capital.

A strategic recalibration is therefore imperative. This includes revisiting recent admission mandates, strengthening pre-service education capacity before further expansion, reforming physician employment and remuneration structures, enhancing strategic purchasing mechanisms through a stronger insurance system, and adopting a balanced, evidence-informed HRH approach that addresses the full spectrum of health professions. Only through such a comprehensive framework can current policy decisions translate into improved access, quality, equity, and resilience of Iran's health system in the decades ahead.

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