

Strategies Offered to Address Physician Shortage

BY BRUCE JANCIN
Denver Bureau

COLORADO SPRINGS — America's physician shortage—still barely noticeable in much of the country—is here to stay and will grow much worse, panelists agreed at the annual meeting of the American Surgical Association.

"Because of our failure in the 1990s to recognize the needs of a new century, our health care system will have a continued shortage of physicians throughout the careers of today's medical students. We'll have to invent ways to deal with it, because none of us has ever experienced within our lifetimes in medicine a shortage of the sort we're building into the future," warned Dr. Richard A. Cooper, professor of medicine and a senior fellow at the University of Pennsylvania's Leonard Davis Institute of Health Economics, Philadelphia.

On the basis of economic and population projections, he estimated the nation will need 10,000 additional first-year residency slots and 60 new medical or osteopathic schools by 2020 to control the crisis.

By Dr. Cooper's estimate, there are now

5%-8% too few physicians nationally. "We're not feeling it everywhere because the shortage is early on, and it's not homogeneous nationally," he said, adding that the shortfall will grow to about 20% within the next 20 years.

And physician assistants and nurse practitioners aren't being trained in sufficient numbers to be the solution.

Dr. Darell G. Kirch, president and chief executive officer of the American Association of Medical Colleges, Washington, praised Dr. Cooper for conducting the pioneering research that is awakening health policy planners to the looming physician shortage.

The AAMC is now recommending to Congress a 30% increase in U.S. medical school capacity. A 17% increase in capacity by 2012 is possible simply by maximizing existing capacity, according to the latest AAMC survey of the 125 medical school deans.



One attractive additional strategy would be to create regional or branch campuses of existing medical schools, as many osteopathic schools are doing, according to Dr. Kirch, who is a psychiatrist.

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DR. COOPER

in Atlanta, and the A.T. Stiles University Kirksville (Mo.) College of Osteopathic Medicine—the first osteopathic medical school—has a campus in Mesa, Ariz.," Dr. Kirch noted.

He also sees a need for more flexibility in the premedical curriculum. "We still have that emphasis on the core of calculus, physics, general and organic chemistry. How many of you in the OR have stepped back from a case and said, 'If I only knew more calculus I could manage this case?'"

Maybe there can be more flexibility that would allow us to attract people who have got great intellects but aren't quite so oriented toward the physical sciences," he said.

The physician shortage is compounded by workforce exit issues. Dr. Kirch cited a national survey done last year that showed one in three physicians over age 50 would retire right now if they could afford to; the survey also found that part-time work opportunities and less bureaucracy would keep the physicians in the workforce.

At present, less than two-thirds of residency slots are filled by graduates of U.S. medical schools. Most of the rest are filled by non-U.S.-citizen international medical graduates, many from developing countries where physicians are sorely needed. Adding more U.S. medical schools would increase the proportion of U.S. graduates in the postgraduate pipeline and keep more international graduates where they were trained, noted Dr. George F. Sheldon, professor of surgery at the University of North Carolina at Chapel Hill.

Some students would benefit from having the fourth year count as their first year of residency training, Dr. Kirch said. ■

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