

States Build Med Schools to Shore Up Workforce

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Several states are in the process of adding new medical schools to shore up expected shortfalls in the physician workforce.

The United States could see physician shortages run as high as 85,000 physicians by 2020, according to government estimates. States will have to start expanding medical school enrollment now to avoid shortages down the road, the Association of American Medical Colleges has warned.

The response from the states is to train more physicians.

Florida State University's College of Medicine, accredited just last year, became the first new allopathic medical school in more than 20 years. Together with expansion of existing schools, Florida's medical schools will more than double enrollment, up to 1,100 students.

Evidently not satisfied with that increase, the board of governors of the state university system recently approved proposals to set up two more medical schools, one at Florida International University and the other at the University of Central Florida.

Other states are also considering new medical schools as a way to bring physicians into their communities. The University of California at Merced, barely out of the box itself, presented a proposal this month to set up a medical school by 2012.

California currently has to recruit physicians from out of state, said Peter Warren, a spokesman for the California Medical Association.

It wouldn't be surprising to see five or six new medical schools start up across the country over the next 5 years, said Paul Umbach, a principal with Tripp Umbach Healthcare Consulting Inc., in Pittsburgh.

There are 126 U.S. medical schools graduating about 15,000 students a year, said Jack Krakower, Ph.D., associate vice president of medical school services and studies at AAMC. Along with graduates from international medical and osteopathic schools, they fill roughly 22,000 residency slots, virtually all of which are currently funded through the Medicare program.

More medical schools will not equal more doctors unless there are also more residency slots for those graduates. Even then, there are no guarantees that physicians trained in a state will stay in the state, Dr. Krakower said.

On average, fewer than 40% of medical students remain in state after graduation. That number rises to 48% among students who get a residency position in the state and gets as high as 65% for those who started out in the state, according to AAMC data.

Whether physicians end up sticking around, Florida and other states may see benefit in building new schools.

The board of governors was heavily lobbied for the medical schools by local businesses, mostly real estate and construction companies. These interests will be the most immediate beneficiaries of the funds raised to build the new schools, said Dr. Zachari-

ah P. Zachariah, a board member who questioned the wisdom of this approach.

There is little question that local business will benefit from the schools. An economic impact study conducted by Mr. Umbach's firm for Florida International University showed that a new medical school could pour more than a \$1 billion a year into the local economy and create 8,300 new jobs.

There are better ways to boost Florida's physician workforce, said Troy Tippet,

president of the Florida Medical Association. "The quickest, most efficient way is to add residency slots," he said.

The economics of medical schools are very attractive to communities, agreed Mr. Umbach. But they also bring in faculty who provide care to the community, producing a short-term boost to the medical workforce.

"Just banking alone on medical students staying in the state would be a very slow way to build the physician workforce," he

said. "But communities with medical schools have more physicians than those without medical schools."

That argument seems to be winning. The FMA didn't oppose the proposal for new medical schools.

And despite his concerns, Dr. Zachariah voted in favor of the measure based on assurances from county officials that they would also expand existing medical programs and add state-funded residency slots. "It's a fair compromise," he said. ■

