

---

## Guest Editorial

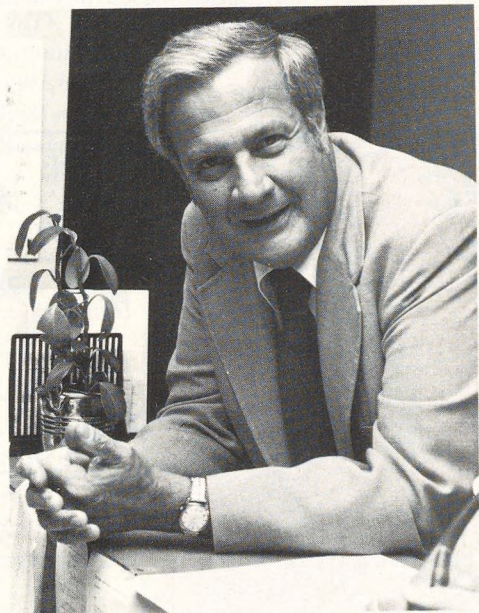
---

# Impact of Family Practice Residency Programs on Geographic Maldistribution of Physicians

William L. Stewart, MD  
Springfield, Illinois

At the Annual Meeting of the Association of American Medical Colleges on October 29, 1978, the Secretary of the Department of Health, Education, and Welfare, Mr. Joseph Califano, stated that a geographic and specialty maldistribution of physicians still exists in the United States, in spite of growing evidence that there is no longer a numerical shortage of physicians. He proposed the National Health Service Corps as the only viable solution to the problem of geographic maldistribution of physicians. It is interesting to note that many others share this perception, probably because of inadequate dissemination of information relative to the practice locations of graduates of family practice residency programs. To date the retention of National Health Service Corps Physicians at assigned practice sites has not been great and I suspect that most of us would rather see the maldistribution problem settled on a more permanent and voluntary basis.

A large percentage of graduates of family practice residencies are already opting to practice in medically underserved areas. The total number of residency graduates in 1978 was 1,548.<sup>1</sup> The annual survey conducted by the American Academy of Family Physicians obtained responses from



1,082 graduates. It is of interest that 11.5 percent of 1978 graduates are in practice in communities of less than 2,500, and 40.7 percent are in practice in communities of 2,500 to 25,000 population. Thus,

0094-3509/79/030461-02\$00.50  
© 1979 Appleton-Century-Crofts

slightly over half of our graduates are in practice in relatively rural communities which are generally underserved medically.

An additional 2.6 percent are serving in inner-city low income areas. Although there is obviously a need to develop more programs with an orientation to practice in our inner cities, there are some programs that have had notable success in this area. Probably one of the most successful is the program at Cook County Hospital in Chicago. According to J. Prieto, MD, the director of that program, in a conversation in December 1978, nine out of ten of his graduates last year are in practice in underserved urban areas, and the proportion opting for this type of practice again this year is likely to be the same.

Proposals that look at geographic and specialty maldistribution seldom look at factors of productivity. According to 1976 data from the American Medical Association, related in a conversation with M. Detmer, PhD, in December 1978, there are 27,950 practicing general internists, 12,707 practicing general pediatricians, and 46,036 general practitioners/family physicians. These figures include only non-federal office-based physicians.

It is of interest that the number of internists and pediatricians combined is approximately equal to the number of general practitioners/family physicians. However, when their productivity as measured by office visits is taken into account, there is a marked disparity. General practitioners/family physicians care for 38.4 percent of office visits, internists, 11.6 percent, and pediatricians, 10.3 percent.<sup>2</sup>

It is to be hoped that HEW would take these factors into consideration prior to taking any further action to solve a problem which appears to be solving itself.

**References**

1. Report on Survey of 1978 Graduating Family Practice Residents, reprint No. 155D. Kansas City, Mo, American Academy of Family Physicians, 1978
2. Koch HK, McLemore T: National ambulatory medical care survey: 1975 summary: United States, January-December 1975. In National Center for Health Statistics (Hyattsville, Md): Vital and Health Statistics, series 13, No. 33. DHEW publication No. (PHS) 78-1784. Government Printing Office, 1978

