

## Statement of the American College of Physicians

### on Health Manpower Legislation

The American College of Physicians (ACP) is a 49,000-member organization representing a broad spectrum of practitioners of internal medicine, medical educators, clinical investigators and residents and fellows in internal medicine training programs. The College supports the development and implementation of a national health manpower policy predicated on a foundation consisting of detailed analysis of past experience and estimates of future needs. As personal physicians responsible for a large portion of the comprehensive medical care of adults in this country and as educators involved in the training of future physicians, we are particularly concerned with the creation of successor legislation to the expiring Health Professions Educational Assistance Act of 1976 (P.L. 94-484).

The existing comprehensive legislation provides authorizations for numerous federal programs which affect not only the entire spectrum of undergraduate and graduate level health professions education, but also the delivery and availability of health care throughout the country. The Act encompasses programs affecting the construction of health professions schools, student financial assistance, funding for special training programs, the designation of health manpower shortage areas, the National Health Service Corps, assistance for health services research and technology, immigration of foreign medical school graduates, the provision of health care services in underserved areas, and many other programs and special projects.

Each of these diverse programs impinges upon the others; no single program can be adequately evaluated in isolation without considering its overall ramifications. Any renewal legislation will significantly influence the future practice of medicine and the delivery of health care in this country for a period far beyond the actual life of the legislation. The American College of Physicians, therefore, urges a thorough evaluation of existing programs and careful examination of new legislative proposals before enactment of any renewal legislation.

A final report representing the culmination of a four-year effort by the Graduate Medical Education National Advisory Committee (GMENAC) is expected later this year. This report will attempt to project the nation's future health manpower needs, provide evaluations of existing health manpower programs and identify alternative approaches to improve the geographic and specialty distribution of health care professionals. We do not know at this time whether we will endorse the findings or methodology of GMENAC. Time will be needed to understand and evaluate their methodology, to validate their findings and to digest and respond to their recommendations. However, we

believe it is important that the findings and recommendations of GMENAC be carefully reviewed and considered in any deliberations concerning national health manpower policy. We do not believe that adequate data are now available upon which definitive conclusions can be drawn.

### Medical School Enrollment

The best data currently available, in our judgment, suggest that the overall supply of physicians may exceed the projected need by 1990 and thereby produce a physician surplus. GMENAC estimates that the supply of active practicing physicians will have increased to nearly 600,000 by 1990, an increase of 58% above 1975. Due to the momentum of the health system, most of these physicians will remain in practice for a considerable period of time after 1990. This growth in physician supply will outpace the projected population growth, so that by 1990 there will be 245 physicians for every 100,000 people in the United States. In 1975, the physician-to-population ratio was 177 per 100,000; in 1980 the ratio is estimated to be 197 per 100,000.

In the late 1950's, the Bane Commission issued its report on medical education in the United States; there were 141 physicians per 100,000 population.<sup>1</sup> Recognizing the difficulties in determining the "ideal" number of physicians, the Bane Commission concluded that, since the current (1959) state of the health of the nation appeared to be generally acceptable, maintenance of the ratio of 141 per 100,000 was assumed to be a reasonable national goal.

To assure that this ratio would be sustained, as the nation's population was expected to grow to a projected level of 235 million people by 1975, the Bane Commission recommended a major expansion program for medical education. This was designed to increase the annual medical school output from 7,500 in 1959 to 11,000 by 1975. The numbers of students in existing schools were to be expanded, and 20 new medical schools were proposed. Stimulated by the infusion of federal money from the subsequent Health Professions Educational Assistance Acts of 1963, 1968, 1971 and 1976 plus considerable stimulus from individual state legislatures, medical and other health professions training programs burgeoned. Instead of 20 new medical schools, over 40 have been built. Instead of 11,000 graduates in 1975, there were 12,714. This year, approximately 16,000 new graduates have been projected and the number will continue to expand based on commitments already made. The unanticipated influx of foreign medical graduates (FMGs) to this country, coupled with a decline in the population growth rate, further accounted for the increase in the physician-to-population ratio.

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1 Physicians for a Growing America -- Report of the Surgeon General's Consultant Group on Medical Education (Frank Bane, Chairman), PHS Publication 709, Washington, USGPO, 1959.

Should the supply of physicians exceed need and produce a surplus, serious consequences may ensue for the American public, the educational community, and the medical profession. There is a significant body of opinion that believes that the aggregate costs of physician activity - clinical examinations, laboratory and other diagnostic tests, prescribed drugs and other therapeutic interventions - could escalate beyond what is needed to ensure optimal health care for the population. Such an expenditure could have a significant adverse impact on the national economy.

Recognizing that the number of physicians is increasing faster than the size of the population, the American College of Physicians recommends that further expansion of current medical school enrollment be stopped.

The possibility of a surplus of physicians should be seriously considered by public policymakers and the academic community. Legislation replacing the Health Professions Educational Assistance Act of 1976 must be sensitive to the current situation regarding health manpower and current projections of a future overall excess of medical personnel. It is also important for all health manpower projections to differentiate clinical investigators and medical educators from full-time medical practitioners. Any such legislation should be sensitive to variations in availability among different types of health care practitioners. The full effects of any legislative actions designed to influence medical education would not be realized until 1990 or beyond, due not only to the long educational and training periods involved but also due to the extensive time required for educational institutions to plan and implement changes in educational programs.

We submit the following additional remarks in the hopes of being of some assistance to the current health manpower deliberations.

#### Geographic Distribution

1. The College recognizes that the problems of physician supply are affected by the geographic distribution of practitioners. The effectiveness of the National Health Service Corps (NHSC) in correcting geographic distribution problems should be re-examined in relation to recruitment, placement of assigned physicians and the development of suitably prepared practice sites in underserved areas. The NHSC is a viable pathway for attracting physicians to shortage areas, but it should not be the only pathway. Alternative sources of financial aid outside the NHSC should also be available.
2. Area Health Education Centers (AHECs) and other remote-site education and training programs have proven to be of assistance in correcting geographic maldistribution of physicians. These programs should be supported with due recognition of local and regional needs.

3. The use of financial incentives and other inducements should be further explored by federal policymakers in an effort to encourage the availability of physician services in currently underserved areas. Ample provision for opportunities for professional contacts with colleagues and for continuing medical education activities are important in constructing viable professional arrangements. Adequate and accessible hospital facilities are also factors which may influence physician distribution. Fiscal arrangements alone are unlikely to resolve problems of access to medical care in underserved areas in the absence of measures to address the professional needs of physicians.

#### Specialty Distribution

1. The College emphasizes both the role of the internist in providing high quality primary care services and the role of the subspecialist in internal medicine in providing significant amounts of similar primary care services. Federal and state financial incentive programs should be expanded to encourage medical schools and teaching hospitals to provide educational programs in primary care fields; this should include internal medicine, pediatrics and family practice.
2. Program directors and institutions responsible for graduate medical educational programs should consider national manpower needs as well as local and regional requirements. This should be a voluntary effort by the medical profession and should consider the issues of need, supply and distribution of physicians and the relation of these items to training programs. The College re-emphasizes the need for an accurate data-base for projected health manpower requirements in order to implement such a program.
3. The College supports the current accreditation efforts of graduate medical educational programs through the Liaison Committee on Graduate Medical Education and its Residency Review Committees in maintaining the educational standards for specialty and subspecialty training.

#### Medical Education

1. Appropriate and adequate student financial aid programs must be supported at the federal and state levels in order to allow qualified students to enroll in medical school. Financial assistance should be sufficient to allow qualified medical

students to complete their academic and residency training. Repayment provision should be sufficiently lenient so that new physicians are not deterred for financial reasons from engaging in the practice of primary medical care or from establishing practices in medically underserved areas.

2. The College advocates continued federal support for educational programs that assist disadvantaged students.
3. The College urges that funding to medical educational institutions be continued with the following components:
  - a. Basic general institutional support to assure maintenance of high educational standards.
  - b. Special initiatives to meet specific needs such as geriatric instruction, primary care instruction, nutritional education and basic or clinical research.

Specific Federal Initiatives Due to Expire in 1980:

1. The College supports extension of the following:
  - a. Authority to provide assistance to health professions schools which serve predominantly minority students and are in financial distress.
  - b. Authority for scholarships for students with exceptional financial needs in their first year of study and grants for recruiting students from disadvantaged backgrounds;
  - c. Federal subsidies for Health Education Assistant Loans (HEAL);
  - d. Authority for construction of ambulatory primary care teaching facilities.
2. The College supports the following new proposals:
  - a. Extension of the repayment period from 10 to 15 years for Health Professions Student Loans (HPSL) and provision to allow each educational institution authority to set criteria for HPSL loan eligibility.
  - b. New authorizations for grants and contracts to help professional schools offer training in geriatrics.
  - c. Expanded state and federal assistance to support teaching programs that encourage careers in teaching and research.
3. The College sees a continued need for authorization to support training of primary care physicians in internal medicine, pediatrics and family practice.

4. The College notes that physical plants of many medical schools will become outmoded and require new construction over the next few years. Special funding for replacement or remodeling of old buildings and other unusual circumstances should be available on an ad hoc basis in response to need.

#### Foreign Medical Graduates

1. In light of current projections of physician supply, the College supports the policy of restricting further permanent immigration of foreign medical graduates.
2. The College, recognizing this country's obligation to share its medical knowledge, believes that foreign physicians should not be denied opportunities in this country to obtain the extent of medical training which is in the best interests of the trainee's home country. When requested by a trainee's home government, time in this country sufficient to qualify for American Specialty board certification would seem appropriate.
3. Accordingly, the College supports legislative efforts to amend Section 212 (J) of the Immigration and Nationality Act by substituting a more flexible system for determining the duration of visa status for each FMG on a case-by-case basis. Justification of exceptions should be authorized by the applicant's home country.
4. Preferred status for physicians applying for permanent immigration visas should be available only in the exceptional cases of individuals with unique qualifications who will fill a national need for research or teaching.

#### Manpower Data Needs

1. The College supports efforts to obtain accurate health manpower data for planning through an effective continuous system of data collection.

We recognize that there are many aspects of health manpower policy, and it is difficult for any one organization's statement to embrace them all. The American College of Physicians stands ready to submit further testimony or to otherwise share the expertise of our membership.

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