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Med school attendance up but experts say shortage still needs to be addressed

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Enrollment at the nation's medical schools may be up, but more needs to be done to draw students to a field that's losing its appeal and attracting fewer applicants, experts from the medical community claim.

New data released last week by the Association of American Medical Colleges had their share of good and bad news. On the plus side, first-year enrollment at the nation's medical schools in 2008 increased nearly 2% over 2007 to more than 18,000 students, the highest enrollment in history. What offsets this promising statistic is a 3% decline in the number of first-time applicants in 2008.

Industry executives weren't discouraged by the downswing in applicants and said that their quality is as good as ever, noting that there were more than two applicants for every available school opening. Moreover, cutting the cost of medical school and improving schools' curriculum could draw more potential students, some said.

There are other things that could reverse the decline in applicants, said Yul Ejnes, an internist in a 50-physician private practice in Cranston, R.I.

Reducing educational debt that new students accumulate and increasing meaningful exposure to outpatient and community-based primary-care practices as part of the curriculum, would help resolve this issue and emphasize the importance of primary care, Ejnes said.

"Unfortunately, increasing the total number of medical school enrollees by itself will not address the worsening crisis in primary care, specifically the problem of inadequate workforce," said Ejnes, who serves on the Board of Regents with the American College of Physicians, and chairs its Medical Service Committee. "What happens after those students begin their medical education will determine how many of them choose careers in primary care, as opposed to advancing the trend towards selecting nonprimary-care specialties and subspecialties."

Ted Epperly, president of the American Academy of Family Physicians, said he believes medical schools need to restructure the mix of students to get more generalists and primary-care doctors into the workforce.

Currently, there's a glut of subspecialists in the system, which is increasing the cost of care and reducing access to basic care, Epperly said. "Medical schools are producing only 30% primary-care doctors and 70% specialists. That mix should be closer to a 50-50 mix," he said.

Some aren't expecting the increased enrollment to help much. Phil Miller, spokesman for Merritt Hawkins & Associates, a physician search and consulting firm in Irving, Texas, said the additional medical students will have virtually no effect on decreasing the doctor shortage. The number of doctors entering the workforce is determined by the number of residents coming out of training, and that number has increased only marginally over the past 25 years, he said. Plus, the Balanced Budget Act of 1997 put a cap on how much Medicare will spend on physician residency training.

Miller also attributed the declining number of first-time applicants to the high expense associated with getting a medical education. In addition, being a doctor—particularly a primary-care doctor—is not the financially and emotionally rewarding profession it once was, Miller said. “Primary care has become one of those jobs Americans don’t want to do.”

Even the AAMC seems dubious that enough doctors will be entering schools over the next seven years to produce the workforce the nation requires. The association had set a long-term goal for medical schools to increase their first-year medical school enrollment by 30% in 2015. At a teleconference with reporters, AAMC President and CEO Darrell Kirch acknowledged that schools are “on track” to meet that goal, but aren’t there yet. “Since 2003, 49 medical schools have increased their first-year enrollment by 10% or more, and another 18 have increased enrollment by 5%,” he said.

Increasing capacity in existing schools and in the creation of new schools would help achieve that goal, he said. “But I can’t tell you we’ll meet that expansion.”

In Epperly’s view, schools need to be doing more to attract students from backgrounds that the medical workforce is currently lacking—and needs, Epperly said. “If you take just the youngest, smartest, high-income kids, they tend to gravitate toward high-end specialties, whereas students from rural underserved populations tend to be the ones that gravitate toward primary care.”

Jim Stone, managing partner and co-founder of Medicus Partners, a physician-recruiting firm in Dallas, was less hopeful about the future of primary care.

“When medical students choose their field of specialization, two of the biggest factors will be finances and lifestyle. Primary care today simply doesn’t offer as attractive of a combination as it has in the past,” said Stone who’s a member of the board of directors for the National Association of Physician Recruiters. “The challenge is that we need tens of thousands and those who do not have a calling will likely not choose primary care, regardless of what is done to promote it.”