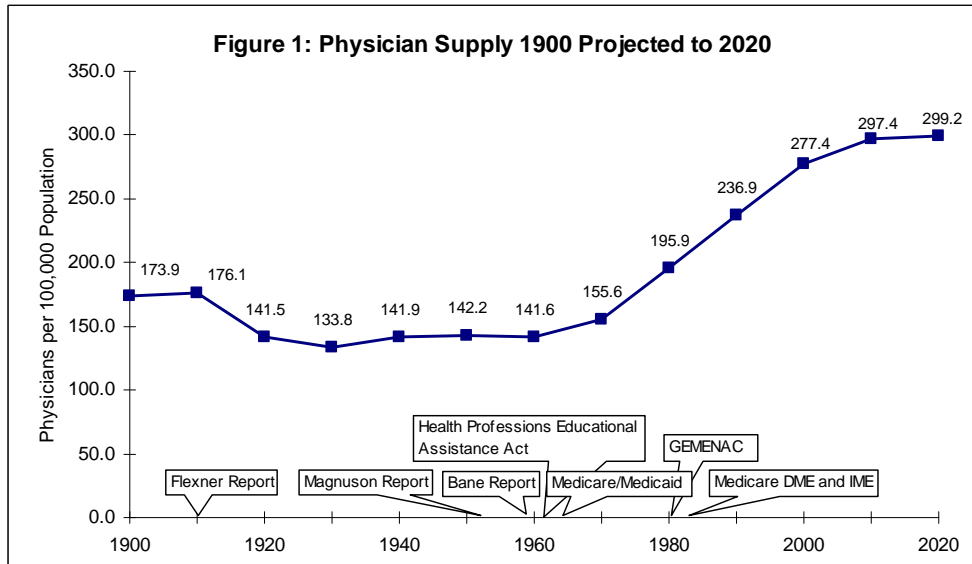


Physician Supply Follows Federal Policy: A Lesson From History

Predictions of physician supply have swung from surplus to shortage and back again over the past century. While the answer to the question, “What is the right number of physicians?” is debatable, there is no question that physician supply is sensitive to legislative and policy changes.

In 1910, Flexner released his landmark report which found “an enormous over-production of un-educated and ill trained medical practitioners” due to the large number of poorly run commercial schools¹. Following the Flexner report, the American medical education system moved towards a system of uniform premedical requirements, full-time faculty staff and greater laboratory and clinical experiences. The number of medical schools dropped from 147 in 1910 to 76 in 1929², and the physician supply followed (Figure 1).



Sources: 1900, 1920: US Census Occupations; 1910: Schofield, 1984; 1930,1940: Stewart, 1960; 1950-2020: Bureau of Health Professions

The period from the 1920s to 1950s saw a relatively steady state in the physician to population ratio. However, during this time the US and its healthcare system were changing. Americans were accumulating greater expendable income, moving to urban areas, and aging – all factors which increase the demand for healthcare. Medicine was making major scientific and technological advances, revolutionizing the care physicians could provide. And two key pieces of legislation - the GI Bill allowing physicians returning from WWII to pursue specialty training with federal stipends and the Hill-Burton Act providing federal grants for the modernization and construction of hospitals - were pushing healthcare towards a more specialized, hospital-based system. By the middle of the century, the nation was beginning take note of a need for more physicians.

The first to take action were philanthropies. Through the 1950s, the Ford, Macy, Mellon and Markle Foundations and the Commonwealth Fund increased support for selected schools and the national effort to strengthen medical education programs². Key reports were commissioned by the President and the Surgeon General recommending an expansion of medical education. And in 1963, Congress passed the first Health Professions Education Act, providing institutional funding to stimulate and support the rapid expansion of medical education resulting in a 40-year increase in the U.S. physician to population ratio.

Efforts are underway once again to expand medical education. Today, however, Federal funding and leadership are at a 40-year low. As we move forward, it would be important to remember the central role that both philanthropic support and federal policy and funds played in the last period of growth and consider how such leadership can again be brought to bear.

References:

1. Flexner A. (1910). *Medical Education in the United States and Canada: A Report to the Carnegie Foundation for the Advancement of Teaching*.
2. Schofield JR. *New and Expanded Medical Schools, Mid-Century to the 1980s*. San Francisco: Jossey-Bass, 1984

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