BLUE-RIBBON COMMITTEE
ON
MEDICAL DOCTOR EDUCATION

The Commission on Higher Education considered recommendations to reduce the combined first year class size of the State's medical schools to 200 and to freeze medical resident positions at its meeting of February 4, 1982. These recommendations were based largely on the following:

1. the projected national oversupply of physicians based on studies conducted by the Graduate Medical Education National Advisory Committee (GMENAC) for the U.S. Department of Health and Human Services;
2. the projected oversupply of physicians in South Carolina based on a study conducted by the Budget and Control Board's Office of Cooperative Health Statistics;
3. a consultants' report on existing graduate health and medical education programs prepared for the Commission; and
4. the advice of the Commission's Task Force on Medical Doctor Education and Committee on Health and Medical Education which, after review of the above studies, recommended that medical school enrollment be reduced and resident positions frozen.

Considerable debate was centered on these recommendations at the February 4, 1982, Commission meeting. The debate revolved around the potential positive and negative implications that would likely result from a reduction in output of the State's medical education programs. The Commission decided, by a 7 to 6 vote, to not recommend capping medical enrollment at 200 entering medical students. Recognizing that serious questions relating to the implications of reducing enrollment were not resolved during the debate, the Commission approved the

appointment of a blue-ribbon committee. The stated purpose of the blue-ribbon committee is as follows: ..."in light of possible national and State oversupply of physicians, as projected, and subsequently the potential impact that would have on the economy, that this Commission appoint a blue-ribbon committee to study the future demand for physicians, and report back to the Commission at an appropriate time."

The following questions have been formulated to guide the Committee in its deliberations. For the most part, these questions reflect major issues that the Commission was unable to resolve. In addressing these questions, it is the hope of the Commission that the Committee will provide guidance as to the appropriate size of the State's medical education effort as well as a number of other related issues important to the health of the citizens of this State.

Questions:

1. Is there a maldistribution of physicians in South Carolina and, if so, will it be substantially affected by the number of medical students educated in South Carolina?

   What efforts have been made to address maldistribution in South Carolina and to what extent have these efforts been successful?

   What alternatives exist and which are recommended to ensure adequate access to health care in underserved areas?

2. Are black South Carolinians demanding or receiving the same amount of care as the white population regardless of the setting of care?

   Are any significant changes anticipated over the next 10 years in currently expressed demand by blacks for health care?

If effective health care demand by blacks is significantly less than that for whites, is this a problem on which medical education can have a positive impact? If so, how?

3. Are blacks underrepresented in the State's medical doctor education programs?

What strategies have been employed to increase black participation in medical education in South Carolina and to what extent have these strategies been successful?

What changes, if any, are recommended to increase the participation of blacks in State medical education programs?

4. Does the physician supply and demand projection methodology utilized by the Office of Cooperative Health Statistics (OCHS) exclude any major segments of South Carolina's population?

If yes, are these segments of population that this State should address and include in its medical doctor education planning?

Is the present supply and demand methodology utilized by the OCHS a realistic and sound basis upon which to make medical doctor education manpower decisions in South Carolina? If not, how should the supply and demand projection methodology be refined?

5. What are the implications to this State of producing physicians in excess of those required to meet effective demand? In giving consideration to this matter, please provide whatever advice and guidance possible concerning whether or not the laws of supply and demand operate in the health care industry and within the medical profession in particular.

6. Should the State's medical education enrollment and projected enrollment be adjusted?

   If yes, how (including undergraduate and graduate by specialty and by institution)?

7. Given the projected physician requirements identified above and in light of the defined missions of these schools as per the CHE Master Plan, what resources (capital and operating) are necessary for the effective and efficient operation of:

   - the USC School of Medicine
   - the MUSC College of Medicine
   - the Consortium of Community Teaching Hospital

   Recommend funding policies and mechanisms, such as a formula, that will assure adequate and equitable medical school appropriations recommendations.

8. In order to utilize resources effectively and efficiently, and noting the community based nature of the USC Medical School, do unique problems exist at the USC Medical School that necessitate special accommodations within the present organization and operations of the Consortium?

9. In order to utilize existing medical education resources effectively and efficiently (the medical schools and Consortium), would coordination be enhanced, more economies realized, and apparent or potential duplication reduced, if medical education in South Carolina was reorganized into a new system of governance? If so, recommend the model.

PROPOSED COMMITTEE STRUCTURE

Chairman (1)

Vice-Chairman (1)

Membership

The prospective membership of the Committee will include representatives of the following constituencies:

Physicians - (2)

Academia - (3)

Minorities - (3)

Rural - (2)

Business/Industry - (4)

Physician Extenders - (1)

State Health Planning - (1)

Consumers - (3)

Consulting Support

Consultant services will be sought following appointment of the Chairman.

Adopted by the Commission on Higher Education, 5/6/82.