Nobody quarrels with the idea that there is a shortage of health services. But a lot of arguments can be started by asking, "Why?"

Is there a shortage in the supply, or an excess of demand? Is the shortage only in patient care services, or can it be traced also to areas of teaching, research and the establishment and control of environmental health conditions?

Where people are unable to get immediate medical attention, is it because there is no physician nearby? Or is the problem caused by lack of transportation, lack of knowledge about how to get care, poverty which inhibits some from seeking help, and insurance plans that encourage hospitalization and crowd existing facilities?

How efficiently is today's medical and health personnel being used? How much time does a physician spend doing things that don't require his professional knowledge, judgment and skill? How often is the same thing true of other professionals and technicians? Adding 10 per cent to the productivity of today's physicians would, in effect, add 30,000 physicians to the nation's resources, a figure approximately equal to the yearly production of 300 additional medical schools. A similar increase for all health workers would add the equivalent of 350,000 skilled people.

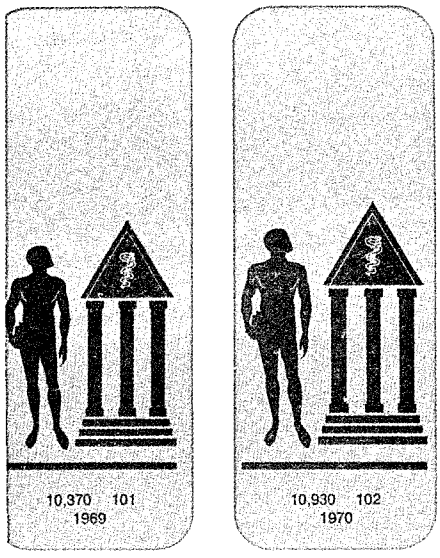
Answers are being sought to two obvious questions: How can more medical and health personnel be developed? How can today's workers best be utilized?

As one step in seeking the answers, the AMA and the Association of American Medical Colleges issued two joint statements in 1968 calling for expanded enrollment in existing medical schools and establishment of new schools; curricular innovations and other changes in the educational programs which could shorten the time required for a medical education; and innovation in educational programs to encourage diversity in the character and objectives of medical schools.

From a first-year enrollment of 9,479 in the nation's 94 medical schools in 1967, the figure has grown to an estimated 9,930 in 99 schools in 1968; and it is expected to reach 10,370 in 101 schools in 1969 and 10,930 in 102 schools in 1970. The five schools which opened for the fall term of 1968 were the University of California School of Medicine at Davis, the University of California San Diego School of Medicine, the University of Connecticut School of Medicine in Hartford, Mount Sinai School of Medicine of the City University of New York, and the University of Texas Medical School at San Antonio.

AMA also is working closely with the National Medical Association to attract more young men and women from minority groups into medicine and to find ways of providing both financial and educational help where necessary.

In addition to its interest in the education of physicians, the AMA also evaluates and approves educational programs for nine groups allied to medicine—medical technologists; x-ray technicians; medical record librarians and technicians; occupational, physical and inhalation therapists; cytotechnologists, and certified laboratory assistants. Standards are currently being developed for programs for radiation therapy technologists, nuclear medicine technologists and technicians, and medical assistants.



FIRST YEAR ENROLLMENT
PER MEDICAL SCHOOL