Forecasts of Physician Supply and Requirements

April 1980

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Foreword

Undertaken at the request of the Senate Committee on Labor and Human Resources, this report evaluates the assumptions, methods, and results of the two current models used to forecast the number and kinds of physicians the country is likely to need and have. Congress must rely heavily on such forecasts in shaping Federal policy and programs for aiding education in the health professions and for providing health resources and services.

This report examines the two most important physician forecasting efforts—those of the Bureau of Health Manpower of the Department of Health and Human Services (DHHS) and those of the DHHS-chartered Graduate Medical Education National Advisory Committee. These two efforts together are generally representative of the kinds of techniques that are used to forecast physician and other health personnel supplies and requirements.

The report points out that projections of physician supply and requirements depend on historical data to predict future events, but even recent historical data reflect past policies, not current ones. The limits of forecasts must be fully understood if they are to serve as effective tools in the shaping of Federal medical policy. Those limits could be made clearer by explicitly describing the assumptions behind any forecasts, by making alternative forecasts based on different sets of assumptions, and by expanding the forecasting process to include policy makers as well as technicians.

This analysis was prepared by OTA staff. Drafts of the report were reviewed by an advisory panel convened for the study, by the Health Program Advisory Committee, and by various individuals associated with the forecasting activities analyzed.

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# List of Acronyms

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>AMA</td>
<td>American Medical Association</td>
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<tr>
<td>AOA</td>
<td>American Osteopathic Association</td>
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<tr>
<td>BCHS</td>
<td>Bureau of Community Health Services</td>
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<td>BHM</td>
<td>Bureau of Health Manpower</td>
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<tr>
<td>BLS</td>
<td>Bureau of Labor Statistics</td>
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<tr>
<td>CMG</td>
<td>Canadian medical graduate</td>
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<tr>
<td>CPI</td>
<td>Consumer Price Index</td>
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<tr>
<td>DHHS</td>
<td>Department of Health and Human Services</td>
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<tr>
<td>DO</td>
<td>doctor of osteopathy</td>
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<tr>
<td>FMG</td>
<td>foreign medical graduate</td>
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<tr>
<td>FTE</td>
<td>full-time equivalent</td>
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<tr>
<td>GMENAC</td>
<td>Graduate Medical Education National Advisory Committee</td>
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<tr>
<td>GNP</td>
<td>gross national product</td>
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<tr>
<td>GP</td>
<td>general practitioner</td>
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<tr>
<td>HIS</td>
<td>Health Interview Survey</td>
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<tr>
<td>HMOS</td>
<td>health maintenance organizations</td>
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<tr>
<td>HMSA</td>
<td>Health Manpower Shortage Area</td>
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<tr>
<td>HSA</td>
<td>Health Service Area</td>
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<tr>
<td>MD</td>
<td>doctor of medicine</td>
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<tr>
<td>MUA</td>
<td>Medically Underserved Area</td>
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<tr>
<td>NHI</td>
<td>national health insurance</td>
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<tr>
<td>NHSC</td>
<td>National Health Service Corps</td>
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