

HEALTH CARE REFORM AND GRADUATE NUCLEAR MEDICAL EDUCATION



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TRAINING and certification of physicians in nuclear medicine is truly the lifeblood of the specialty. During the next 15 years, 2,090 American Board of Nuclear Medicine (ABNM)-certified physicians will reach age 65 and presumably will retire. This means that during the same period, 139 ABNM physicians must be certified each year to maintain existing nuclear physician manpower. To maintain the 1994 ratio of board-certified nuclear medicine physicians to the U.S. population during that time, 158 newly certified physicians will be required each year. Presently, 80 physicians are certified yearly.

Yet the Clinton Administration's Health Care Reform plan proposes to decrease the costs of medical care by decreasing the number of "non-primary care physicians" (i.e., medical specialists) and increasing the number of "primary care physicians" (i.e., generalists). Implementation of this proposal as detailed in HR 2804, "Primary Care Workforce Act of 1993," would authorize the Secretary of Health and Human Services to establish "a national policy respecting the number of physicians in each state in each approved medical residency training program of the different medical specialties conducted in the state." The bill states, "The total number of entry positions in approved medical residency training programs may not exceed, for any fiscal year, 110% of the number of United States medical graduates." Additionally, the bill mandates the Secretary to limit residency training positions: "The number of entry positions in all approved medical residency training programs in a state, which are not primary care [residencies], may

not exceed 50% of the total number of entry positions in all such programs in a state, for all residents who are United States medical graduates."

The Secretary is authorized to withdraw federal funding for graduate medical education from any institution which does not conform with the regulations imposed.

Presumably, the Secretary would

a devastating influence on the specialty of nuclear medicine. The proposal would reduce the number of first-year residency positions in the U.S. by 4,314, increase the number of "primary care" specialty positions by 1,624, and decrease the number of first-year "non-primary care" specialty positions by 5,940. The first-year training positions in nuclear medicine,

IMPACT OF CLINTON HEALTH CARE REFORM AND HR 2804, "PRIMARY CARE WORKFORCE ACT OF 1993" ON RESIDENCY POSITIONS

| | First-Year Positions 1993* | First-Year Positions "Future"** | Increase or Decrease Number | Increase or Decrease % |
|---------------------|-------------------------------|------------------------------------|--------------------------------|---------------------------|
| Total | 23,179 | 18,865 | -4,314 | -19 |
| "True" Generalist | 7,798 | 9,432 | +1,624 | 21% |
| "Specialists" | 15,381 | 9,433 | -5,948 | -39% |
| Nuclear Medicine*** | 124 | 76 | -48 | -39% |

*ACGME Bulletin, October 1993. (Does not include OB-GYN)

**HR 2804

allocate the distribution of such "non-primary care specialty residency positions" to comply with what the Secretary determines to be the necessity for replacement of specialty physicians already practicing in the specialty. This would mean that if there were an "oversupply" of physicians in the specialty (as determined by the Secretary), the number of training positions authorized in the state might be further decreased. Thus, specialties which might be considered "oversupplied" with specialist physicians could be markedly reduced in approved residency positions.

The impact of this Primary Workforce Act of 1993 on residency positions, including those in nuclear medicine, is summarized in Table 1. The medical care reform proposal and the implementation of Congressional bill HR 2804 could have

which now number 124, would be reduced to 76—a loss of 48 positions, or a 39% decrease. This would be a staggering blow to nuclear medicine.

An even worse situation might occur if nuclear medicine residents were to be lumped with those of another specialty which the Secretary might consider "oversupplied with physicians" and consequently would suffer an even more severe cutback. Such a possibility is very real and might well be lethal to nuclear medicine's independence.

A reduction in nuclear medicine residency positions as proposed by HR 2804 would decrease the number of physicians eligible for certification, seriously deplete the number of qualified nuclear medicine physicians, and be very deleterious to health care provision in the U.S.

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