Building medical schools around social missions

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The US, Canada and many other countries have a growing physician shortage, but a far greater but less publicized issue is the maldistribution of physicians geographically and the maldistribution of physicians by specialty. Although economic issues clearly play an important role, medical schools could be far better designed to address both issues. The standard response to the physician shortage has been to just build new medical schools or expand existing ones, but doctors don't practice where they go to medical school, as St George's University of Grenada is clear evidence. There are two major drivers of this issue; where medical students are from and where they complete their GME training. These factors account for over 80% of the decision. Specialty choice can also be altered by teaching medical students in the setting you want them to ultimately practice in, by creating positive role models in desired specialties, such as Family Medicine, by altering the curriculum to present more wellness, population health and preventatives, by creating primary care GME in areas where the shortage is greatest and by providing scholarships on the front end of medical school linked to specific practice outcomes (specialty and location) (what the US military currently does). Many of these concepts have been proven in developing countries that have far greater physician manpower issues and far less resources than we do. The author will present examples from U C Riverside and St George's University on how these approaches have resulted in a dramatic increase in primary care choice by its graduates and practice selection in underserved areas (rural and urban).

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