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Title: Reinstitute the General Practice License
Introduced by: Cheryl Farmer, MD
Original Author: Cheryl Farmer, MD
Referred to: Reference Committee E
House Action: **DISAPPROVE**

Whereas, the number of medical students choosing to go into primary care internal medicine and family practice has been decreasing over the last several decades, largely due to lower salaries and longer payback for their training time/financial investment when compared to other specialties, and

Whereas, there is significant evidence that optimal health care outcomes are achieved, and optimal health system efficiency and cost effectiveness result, when at least 40-50 percent of the physician workforce is composed of primary care physicians, and

Whereas, the U.S. population requiring and able to afford care has increased significantly due to population growth, aging of the “baby boomer” cohort, and the Affordable Care Act - causing a projected increase in the demand for primary care physicians of at least 14-percent by 2020, leading to a projected shortfall of between 12,500 and 31,100 Primary Care Physicians, and

Whereas, coordinated, integrated primary care teams including nurse practitioners (NPs), physician assistants (PAs), and other staff positions have been proposed and developed in order to help address this shortage, and

Whereas, patient safety and health require that these teams be physician-led, and

Whereas, 40 years ago the majority of primary care medicine was provided by general practitioners (GPs), a licensing category that has since been retired, and

Whereas, the GP license required four years of undergraduate school, four years of medical school, and a year of Internship (nine years total) and

Whereas, many general internal medicine and family practice physicians across the country are now required to relinquish care of their hospitalized patients to hospitalists, or have chosen to practice only outpatient medicine, and

Whereas, a single intern year that is highly focused on outpatient medicine could safely allow a physician to go into the practice of primary care two years earlier and at significantly reduced cost of training; therefore be it

48 RESOLVED: That MSMS take the following action:

- 49 1. Strongly advocate to reinstitute the licensing category of general practitioner (GP),
50 requiring certification of the successful completion of one year postgraduate clinical
51 training in an active, approved program focused on outpatient medicine, in a Board
52 approved hospital or institution (instead of the current 2-3 year postgraduate
53 requirement).
- 54 2. Encourage medical students, who wish to restrict their practice to outpatient
55 primary care medicine practice in an underserved area of the state and accept all
56 patients, to become GPs by providing generous loan forgiveness options. This offer
57 would not apply to GP's who would choose to establish a "concierge" type practice.
- 58 3. Recommend this solution to the American Medical Association for their strongest
59 consideration.
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62 WAYS AND MEANS COMMITTEE FISCAL NOTE: NONE

Reference(s):

1. <https://www.aamc.org/download/426260/data/physiciansupplyanddemandthrough2025keyfindings.pdf>
2. <http://bhpr.hrsa.gov/healthworkforce/supplydemand/usworkforce/primarycare/>
3. <http://thehealthcareblog.com/blog/2014/11/04/solving-the-primary-care-shortage/>
4. <http://www.hrsa.gov/advisorycommittees/bhpradvisory/cogme/reports/twentiethreport.pdf>
5. <https://www.aapa.org/cme/>
6. <http://directory.paeaonline.org/programs/1002>
7. <http://www.nursepractitionerschools.com/programs>
8. https://www.michigan.gov/documents/lara/Medicine_Endorsement_456122_7.pdf