



ASSOCIATION OF AMERICAN MEDICAL COLLEGES
SUITE 200, ONE DUPONT CIRCLE, N.W., WASHINGTON, D.C. 20036

DECEMBER 2, 1974

CAS BRIEFS

NO. 26

FEDERAL HEALTH MANPOWER EDUCATION SUPPORT POLICY

AT THE ANNUAL MEETING IN CHICAGO THERE WAS VIGOROUS DISCUSSION OF THE DIRECTIONS THE HEALTH MANPOWER LEGISLATION PRESENTLY BEING DEVELOPED IN CONGRESS IS TAKING. THE COUNCIL OF ACADEMIC SOCIETIES AGENDA FOR THAT MEETING INCLUDED A MEMORANDUM SUMMARIZING THE PROBLEMS POSED TO THE ACADEMIC MEDICAL COMMUNITY BY THE NEW LEGISLATIVE PROPOSALS. PLEASE READ THAT MEMORANDUM BEFORE RESPONDING TO THE ATTACHED QUESTIONNAIRE. THE VIEWS OF THE COUNCIL OF ACADEMIC SOCIETIES MEMBERS ARE NEEDED AND I URGE YOU TO RESPOND AS QUICKLY AS POSSIBLE. THE RESPONSE WILL BE CONSIDERED YOUR PERSONAL VIEW AS AN INDIVIDUAL ENGAGED IN MEDICAL EDUCATION AND NEED NOT REPRESENT THE CONSENSUS OF YOUR SOCIETY.

PLEASE RETURN THE QUESTIONNAIRE IN THE ENCLOSED ENVELOPE.

AUGUST G. SWANSON, M.D.
DIRECTOR OF ACADEMIC AFFAIRS

COUNCIL OF ACADEMIC SOCIETIES

ASSOCIATION OF AMERICAN MEDICAL COLLEGES

Memorandum # 74-44A

December 2, 1974

To: Council of Academic Societies
 From: John A. D. Cooper, M.D., President
 Subject: Health Manpower Questionnaire

In connection with the Assembly's discussion of Association health manpower policy, certain information is needed from U.S. medical faculty on currently favored legislative approaches to providing federal assistance for health professions education. Responses should be based on your best personal judgment. This questionnaire has been prepared in a form that can be processed by computer; if you wish to make additional comments, please feel free to do so.

Yes No

1. There was considerable discussion in meetings of the various Councils and of the Assembly about conditions established by the House or Senate for the receipt of capitation support. Should the Association position be to --

- a) continue opposing any requirements for basic capitation support for the cost of medical education? (1)
- b) accept the inevitability of conditions on capitation and seek to limit them to those to which most schools can respond? (2)

2. Regardless of your answer to question 1, of the following conditions that have been included in recent or current health manpower bills, which ones do you believe the schools should do in order to receive capitation or should not do even if it meant loss of capitation?

Should Should
do not do

- a) One-time medical student enrollment increase of 5% or 10 students, whichever is greater (3)
- b) Offering or increasing a program for the training of physicians' assistants (4)
- c) Secure national service agreements from all entering students, with selection of graduates required to serve through a lottery (5)
- d) Secure national service agreements from 25% of entering students (6)

Should do Should not do

- e) Secure national service agreements from 25% of entering students, with each such students entitled to federal support for tuition costs and living expenses _____ (7)
- f) Secure agreements from students to repay the school for federal capitation payments in connection with the student's enrollment _____ (8)
- g) Secure agreements from students to repay the government for capitation payments in connection with the student's enrollment, unless the student serves in the National Health Service Corps _____ (9)
- h) Prepare a federally approved plan for the training of undergraduate medical students at a site away from the medical center, supported by an amount equivalent to at least 25% of the school's capitation payment _____ (10)
- i) Establish a specified academic unit for primary care training whose faculty size and curriculum duration also would be specified _____ (11)
- j) Establish residencies in family medicine or comparable primary care field, with program size specified _____ (12)
- k) Reduce the percentage of foreign medical graduates in affiliated graduate training programs to specified levels _____ (13)

Yes No

3. Would you favor eliminating capitation with conditions and substituting direct subsidy to students, which would permit schools to increase tuition to meet more closely the costs of education? _____ (14)

4. If your answer to question 3 was "yes," would you still prefer direct student subsidy if conditions were attached to it similar to existing conditions associated with capitation? _____ (15)

5. Would you favor last-dollar support (a varying amount, individualized for each school, for that portion of the operating budget not covered by income from other sources), with federal requirements for certain institutional financial and other records, to --
- a) capitation without conditions _____ (16)
 - b) capitation with conditions _____ (17)

Yes No

c) direct student subsidy without conditions _____ (18)

d) direct student subsidy with conditions _____ (19)

6. Do you believe there should be a reduction in the number of residency training slots to 125 percent of U.S. medical school graduates, with no change in the distribution of slots among specialties, in order to reduce the number of FMGs? _____ (20)

7. Do you believe there should be control over the distribution of residency training slots among the various specialties (particularly to increase the proportion devoted to preparation of primary care physicians) and over the number of slots (limiting them to 125 percent of U.S. medical school graduates in order to reduce the number of FMGs)? _____ (21)

8. If the answer to question 6 or 7 was "yes," would you prefer that the control be exercised by --

a) a federal commission whose members would be appointed by the HEW Secretary? _____ (22)

b) the private sector, through a non-government group such as the Coordinating Council on Medical Education? _____ (23)

#

The questionnaire should be completed by December 13, 1974, and returned to --

John A. D. Cooper, M.D.
President
Association of American Medical Colleges
Suite 200
One Dupont Circle
Washington, D.C. 20036

If you have any questions, contact Prentice Bowsher, AAMC Director of Federal Liaison, whose phone number is 202-466-5190.

ANALYSIS OF RESPONSES TO HEALTH MANPOWER SURVEY
OF CAS REPRESENTATIVES AND OFFICERS

The CAS was surveyed through a questionnaire in early December, 1974 in order to obtain the views of the Council on the major issues surrounding Federal health manpower legislation; 290 questionnaires were mailed and 125 (43%) were returned.

The respondents represented 56 of the 58 member societies for a mean frequency of response of 2.12 per society; 13 societies provided 1 response, 23 provided 2, 14 provided 3, 4 provided 4, and 1 provided 5. 106 clinicians responded, only 19 basic scientists returned the questionnaire.

The responses are detailed below.

1. *There was considerable discussion in meetings of the various Councils and of the Assembly about conditions established by the House or Senate for the receipt of capitation support. Should the Association position be to --*

a) *continue opposing any requirements for basic capitation support for the cost of medical education?*

| | <u>No Response</u> | <u>Yes</u> | <u>No</u> |
|------------------|--------------------|------------|-----------|
| Clinicians | 10 (9%) | 57 (54%) | 39 (37%) |
| Basic Scientists | 2 (11%) | 8 (42%) | 9 (47%) |
| Overall | 12 (10%) | 65 (52%) | 48 (38%) |

b) *accept the inevitability of conditions on capitation and seek to limit them to those to which most schools can respond?*

| | <u>No Response</u> | <u>Yes</u> | <u>No</u> |
|------------------|--------------------|------------|-----------|
| Clinicians | 19 (18%) | 51 (48%) | 36 (34%) |
| Basic Scientists | 1 (5%) | 11 (58%) | 7 (37%) |
| Overall | 20 (16%) | 62 (50%) | 43 (34%) |

2. *Regardless of your answer to Question 1, of the following conditions that have been included in recent or current health manpower bills, which ones do you believe the schools should do in order to receive capitation or should not do even if it meant loss of capitation?*

a) *One-time medical student enrollment increase of 5% or 10 students, whichever is greater*

| | <u>No Response</u> | <u>Should Do</u> | <u>Should Not Do</u> |
|------------------|--------------------|------------------|----------------------|
| Clinicians | 0 (0%) | 48 (45%) | 58 (55%) |
| Basic Scientists | 1 (5%) | 11 (58%) | 7 (37%) |
| Overall | 1 (1%) | 59 (47%) | 65 (52%) |

b) *Offering or increasing a program for the training of physician's assistants*

| | <u>No Response</u> | <u>Should Do</u> | <u>Should Not Do</u> |
|------------------|--------------------|------------------|----------------------|
| Clinicians | 1 (1%) | 57 (54%) | 48 (45%) |
| Basic Scientists | 2 (11%) | 7 (37%) | 10 (53%) |
| Overall | 3 (2%) | 64 (51%) | 58 (46%) |

c) *Secure national service agreements from all entering students, with selection of graduates required to serve through a lottery*

| | <u>No Response</u> | <u>Should Do</u> | <u>Should Not Do</u> |
|------------------|--------------------|------------------|----------------------|
| Clinicians | 1 (1%) | 30 (28%) | 75 (71%) |
| Basic Scientists | 0 (0%) | 4 (21%) | 15 (79%) |
| Overall | 1 (1%) | 34 (27%) | 90 (72%) |

d) *Secure national service agreements from 25% of entering students*

| | <u>No Response</u> | <u>Should Do</u> | <u>Should Not Do</u> |
|------------------|--------------------|------------------|----------------------|
| Clinicians | 2 (2%) | 17 (16%) | 87 (82%) |
| Basic Scientists | 1 (5%) | 4 (21%) | 14 (74%) |
| Overall | 3 (2%) | 21 (17%) | 101 (81%) |

e) *Secure national service agreements from 25% of entering students, with each such student entitled to Federal support for tuition costs and living expenses*

| | <u>No Response</u> | <u>Should Do</u> | <u>Should Not Do</u> |
|------------------|--------------------|------------------|----------------------|
| Clinicians | 2 (2%) | 41 (39%) | 63 (59%) |
| Basic Scientists | 1 (5%) | 6 (32%) | 12 (63%) |
| Overall | 3 (2%) | 47 (38%) | 75 (60%) |

f) *Secure agreements from students to repay the school for Federal capitation payments in connection with the student's enrollment*

| | <u>No Response</u> | <u>Should Do</u> | <u>Should Not Do</u> |
|------------------|--------------------|------------------|----------------------|
| Clinicians | 5 (5%) | 22 (21%) | 79 (75%) |
| Basic Scientists | 2 (11%) | 1 (5%) | 16 (84%) |
| Overall | 7 (6%) | 23 (18%) | 95 (76%) |

g) *Secure agreements from students to repay the government for capitation payments in connection with the student's enrollment, unless the student serves in the National Health Service Corps*

| | <u>No Response</u> | <u>Should Do</u> | <u>Should Not Do</u> |
|------------------|--------------------|------------------|----------------------|
| Clinicians | 3 (3%) | 47 (44%) | 56 (53%) |
| Basic Scientists | 2 (11%) | 9 (47%) | 8 (42%) |
| Overall | 5 (4%) | 56 (45%) | 64 (51%) |

h) Prepare a federally approved plan for the training of undergraduate medical students at a site away from the medical center, supported by an amount equivalent to at least 25% of the school's capitation payment

| | <u>No Response</u> | <u>Should Do</u> | <u>Should Not Do</u> |
|------------------|--------------------|------------------|----------------------|
| Clinicians | 2 (2%) | 19 (18%) | 85 (80%) |
| Basic Scientists | 1 (5%) | 1 (5%) | 17 (90%) |
| Overall | 3 (2%) | 20 (16%) | 102 (82%) |

i) Establish a specified academic unit for primary care training whose faculty size and curriculum duration also would be specified

| | <u>No Response</u> | <u>Should Do</u> | <u>Should Not Do</u> |
|------------------|--------------------|------------------|----------------------|
| Clinicians | 1 (1%) | 40 (38%) | 65 (61%) |
| Basic Scientists | 2 (11%) | 6 (32%) | 11 (58%) |
| Overall | 3 (2%) | 46 (37%) | 76 (61%) |

j) Establish residencies in family medicine or comparable primary care field, with program size specified

| | <u>No Response</u> | <u>Should Do</u> | <u>Should Not Do</u> |
|------------------|--------------------|------------------|----------------------|
| Clinicians | 2 (2%) | 71 (67%) | 33 (31%) |
| Basic Scientists | 0 (0%) | 14 (74%) | 5 (26%) |
| Overall | 2 (2%) | 85 (68%) | 38 (30%) |

k) Reduce the percentage of foreign medical graduates in affiliated graduate training programs to specified levels

| | <u>No Response</u> | <u>Should Do</u> | <u>Should Not Do</u> |
|------------------|--------------------|------------------|----------------------|
| Clinicians | 1 (1%) | 81 (76%) | 24 (23%) |
| Basic Scientists | 0 (0%) | 17 (90%) | 2 (11%) |
| Overall | 1 (1%) | 98 (78%) | 26 (21%) |

3. Would you favor eliminating capitation with conditions and substituting direct subsidy to students, which would permit schools to increase tuition to meet more closely the costs of education?

| | <u>No Response</u> | <u>Yes</u> | <u>No</u> |
|------------------|--------------------|------------|-----------|
| Clinicians | 2 (2%) | 60 (57%) | 44 (42%) |
| Basic Scientists | 0 (0%) | 8 (42%) | 11 (58%) |
| Overall | 2 (2%) | 68 (54%) | 55 (44%) |

4. If your answer to Question 3 was "yes", would you still prefer direct student subsidy if conditions were attached to it similar to existing conditions associated with capitation?

| | <u>No Response</u> | <u>Yes</u> | <u>No</u> |
|------------------|--------------------|------------|-----------|
| Clinicians | 40 (38%) | 29 (27%) | 37 (35%) |
| Basic Scientists | 12 (63%) | 2 (11%) | 5 (26%) |
| Overall | 52 (42%) | 31 (25%) | 42 (34%) |

5. Would you favor last-dollar support (a varying amount, individualized for each school, for that portion of the operating budget not covered by income from other sources), with Federal requirements for certain institutional financial and other records, to --

a) *Capitation without conditions*

| | <u>No Response</u> | <u>Yes</u> | <u>No</u> |
|------------------|--------------------|------------|-----------|
| Clinicians | 8 (8%) | 42 (40%) | 56 (53%) |
| Basic Scientists | 0 (0%) | 7 (37%) | 12 (63%) |
| Overall | 8 (6%) | 49 (39%) | 68 (54%) |

b) *Capitation with conditions*

| | <u>No Response</u> | <u>Yes</u> | <u>No</u> |
|------------------|--------------------|------------|-----------|
| Clinicians | 14 (13%) | 40 (38%) | 52 (49%) |
| Basic Scientists | 4 (21%) | 8 (42%) | 7 (37%) |
| Overall | 18 (14%) | 48 (38%) | 59 (47%) |

c) *Direct student subsidy without conditions*

| | <u>No Response</u> | <u>Yes</u> | <u>No</u> |
|------------------|--------------------|------------|-----------|
| Clinicians | 12 (11%) | 30 (28%) | 64 (60%) |
| Basic Scientists | 3 (16%) | 9 (47%) | 7 (37%) |
| Overall | 15 (12%) | 39 (31%) | 71 (57%) |

d) *Direct student subsidy with conditions*

| | <u>No Response</u> | <u>Yes</u> | <u>No</u> |
|------------------|--------------------|------------|-----------|
| Clinicians | 14 (13%) | 42 (40%) | 50 (47%) |
| Basic Scientists | 4 (21%) | 7 (37%) | 8 (42%) |
| Overall | 18 (14%) | 49 (39%) | 58 (46%) |

6. Do you believe there should be a reduction in the number of residency training slots to 125 percent of U.S. medical school graduates, with no change in the distribution of slots among specialties, in order to reduce the number of FMGs?

| | <u>No Response</u> | <u>Yes</u> | <u>No</u> |
|------------------|--------------------|------------|-----------|
| Clinicians | 2 (2%) | 53 (50%) | 51 (48%) |
| Basic Scientists | 1 (5%) | 12 (63%) | 6 (32%) |
| Overall | 3 (2%) | 65 (52%) | 57 (46%) |

7. Do you believe there should be control over the distribution of residency training slots among the various specialties (particularly to increase the proportion devoted to preparation of primary care physicians) and over the number of slots (limiting them to 125 percent of U.S. medical school graduates in order to reduce the number of FMGs)?

| | <u>No Response</u> | <u>Yes</u> | <u>No</u> |
|------------------|--------------------|------------|-----------|
| Clinicians | 1 (1%) | 58 (55%) | 47 (44%) |
| Basic Scientists | 1 (5%) | 13 (68%) | 5 (26%) |
| Overall | 2 (2%) | 71 (57%) | 52 (42%) |

8. If the answer to Question 6 or 7 was "yes", would you prefer that the control be exercised by --

a) A federal commission whose members would be appointed by the HEW Secretary?

| | <u>No Response</u> | <u>Yes</u> | <u>No</u> |
|------------------|--------------------|------------|-----------|
| Clinicians | 40 (38%) | 6 (6%) | 60 (57%) |
| Basic Scientists | 4 (21%) | 2 (11%) | 13 (68%) |
| Overall | 44 (35%) | 8 (6%) | 73 (58%) |

b) The private sector, through a non-government group such as the Coordinating Council of Medical Education?

| | <u>No Response</u> | <u>Yes</u> | <u>No</u> |
|------------------|--------------------|------------|-----------|
| Clinicians | 28 (26%) | 71 (67%) | 7 (7%) |
| Basic Scientists | 3 (16%) | 15 (79%) | 1 (5%) |
| Overall | 31 (25%) | 86 (69%) | 8 (6%) |

12/31/74

RESULTS OF THE HEALTH MANPOWER QUESTIONNAIRE

| | COTH- (171) | | CAS - (129) | | OSR- (56) | | COD- (106) | | |
|--|-------------|---------------|-------------|---------------|-----------|---------------|---------------|----------|--------------|
| | Yes | No | Yes | No | Yes | No | Yes | No | |
| 1. There was considerable discussion in meetings of the various Councils and of the Assembly about conditions established by the House or Senate for the receipt of capitation support. Should the Association position be to -- | | | | | | | | | |
| a) favor pure capitation | 35.7% | 51.5% | 52% | 38% | 46.4% | 50.0% | 26.4% | 57.5% | |
| b) accept conditional capitation | 63.7% | 18.1% | 50% | 34% | 60.7% | 33.9% | 76.4% | 16.0% | |
| 2. Capitation conditions: | Should do | Should not do | Should do | Should not do | Should do | Should not do | Already doing | Would do | Would not do |
| a) One-time medical student enrollment increase of 5% or 10 students, whichever is greater | 61.4% | 32.7% | 47% | 52% | 53.6% | 44.6% | 40.6% | 34.9% | 23.6% |
| b) Offering or increasing a program for the training of physicians' assistants | 50.9% | 43.9% | 51% | 46% | 89.3% | 10.7% | 47.2% | 29.2% | 22.6% |
| c) Secure national service agreements from all entering students, with selection of graduates required to serve through a lottery | 19.9% | 74.9% | 27% | 72% | 30.4% | 67.9% | ///// | 36.8% | 57.5% |
| d) Secure national service agreements from 25% of entering students | 25.7% | 70.2% | 17% | 81% | 8.9% | 89.3% | ///// | 44.3% | 49.1% |
| e) Secure national service agreements from 25% of entering students, with each such students entitled to federal support for tuition costs and living expenses | 49.1% | 45.6% | 38% | 60% | 25.0% | 71.4% | ///// | 65.1% | 29.2% |
| f) Secure agreements from students to repay the school for federal capitation payments in connection with the student's enrollment | 24.6% | 69.6% | 18% | 76% | 14.3% | 83.9% | //// | 31.1% | 63.2% |
| g) Secure agreements from students to repay the the government for capitation payments in connection with the student's enrollment, unless the student serves in the National Health Service Corps | 55.6% | 39.2% | 45% | 51% | 37.5% | 57.1% | //// | 44.3 | 50.0% |
| h) Prepare a federally approved plan for training all students for at least six weeks at a site away from the medical center, supported by an amount equivalent to at least 25% of the school's capitation grant | 30.4% | 63.7% | 16% | 82% | 71.4% | 26.8% | 20.8% | 40.6% | 34.9% |
| i) Establish a specified academic unit for primary care training whose faculty size and curriculum duration also would be specified | 55.6% | 37.4% | 37% | 61% | 85.7% | 12.5% | 44.3% | 29.2% | 22.6% |
| j) Establish residencies in family medicine or comparable primary care field, with program size specified | 79.5% | 15.2% | 68% | 30% | 91.1% | 8.9% | 62.3% | 29.2% | 5.7% |
| k) Reduce the percentage of foreign medical graduates in affiliated graduate training programs to specified levels | 76.0% | 20.5% | 78% | 21% | 66.1% | 28.6% | 20.8% | 69.8% | 5.7% |

| | <u>COTH</u> | | <u>CAS</u> | | <u>OSR</u> | | <u>COD</u> | |
|---|--------------|--------------|------------|------------|--------------|--------------|--------------|--------------|
| | <u>Yes</u> | <u>No</u> | <u>Yes</u> | <u>No</u> | <u>Yes</u> | <u>No</u> | <u>Yes</u> | <u>No</u> |
| 3. Would you favor direct subsidy to students? | <u>49.7%</u> | <u>47.4%</u> | <u>54%</u> | <u>44%</u> | <u>39.3%</u> | <u>60.7%</u> | <u>27.4%</u> | <u>68.9%</u> |
| 4. If your answer to question 3 was "yes", would you still prefer direct student subsidy if conditions were attached to it similar to existing conditions associated with capitation? | <u>31.0%</u> | <u>24.0%</u> | <u>25%</u> | <u>34%</u> | <u>28.6%</u> | <u>21.4%</u> | <u>9.4%</u> | <u>24.5%</u> |
| 5) Would you favor last-dollar support compared to -- | | | | | | | | |
| a) capitation without conditions | <u>37.4%</u> | <u>49.1%</u> | <u>39%</u> | <u>54%</u> | <u>50.0%</u> | <u>44.6%</u> | <u>24.5%</u> | <u>69.8%</u> |
| b) capitation with conditions | <u>40.9%</u> | <u>45.0%</u> | <u>38%</u> | <u>47%</u> | <u>33.9%</u> | <u>57.1%</u> | <u>30.2%</u> | <u>58.5%</u> |
| c) direct student subsidy without conditions | <u>31.0%</u> | <u>55.6%</u> | <u>31%</u> | <u>57%</u> | <u>37.5%</u> | <u>53.6%</u> | <u>18.9%</u> | <u>69.8%</u> |
| d) direct student subsidy with conditions | <u>39.8%</u> | <u>44.4%</u> | <u>39%</u> | <u>46%</u> | <u>28.6%</u> | <u>60.7%</u> | <u>26.4%</u> | <u>62.3%</u> |
| 6) Do you believe there should be a reduction in the number of residency training slots to 125 percent of U.S. medical school graduates, with no change in the distribution of slots among specialties, in order to reduce the number of FMGs? | <u>40.9%</u> | <u>54.4%</u> | <u>52%</u> | <u>46%</u> | <u>32.1%</u> | <u>66.1%</u> | <u>37.7%</u> | <u>59.4%</u> |
| 7) Do you believe there should be control over the distribution of residency training slots among the various specialties (particularly to increase the proportion devoted to preparation of primary care physicians) and over the number of slots (limiting them to 125 percent of U.S. medical school graduates in order to reduce the number of FMGs)? | <u>69.0%</u> | <u>27.5%</u> | <u>57%</u> | <u>42%</u> | <u>37.5%</u> | <u>58.9%</u> | <u>73.6%</u> | <u>25.5%</u> |
| 8) If the answer to question 6 or 7 was "yes", would you prefer that the control be exercised by -- | | | | | | | | |
| a) a federal commission | <u>5.8%</u> | <u>64.9%</u> | <u>6%</u> | <u>58%</u> | <u>14.3%</u> | <u>33.9%</u> | <u>6.6%</u> | <u>62.3%</u> |
| b) the private sector | <u>76.6%</u> | <u>5.8%</u> | <u>69%</u> | <u>6%</u> | <u>35.7%</u> | <u>14.3%</u> | <u>76.4%</u> | <u>5.7%</u> |

SUMMARY OF RESPONSES TO HEALTH MANPOWER SURVEY
OF CAS REPRESENTATIVES AND OFFICERS*

| <u>QUESTION</u> | <u>NO RESPONSE</u> | <u>SHOULD DO</u> (or Yes) | <u>SHOULD NOT DO</u> (or No) |
|-----------------|--------------------|------------------------------|---------------------------------|
| 1(a) | 12 (10%) | 65 (52%) | 48 (38%) |
| 1(b) | 20 (16%) | 62 (50%) | 43 (34%) |
| 2(a) | 1 (1%) | 59 (47%) | 65 (52%) |
| 2(b) | 3 (2%) | 64 (51%) | 58 (46%) |
| 2(c) | 1 (1%) | 34 (27%) | 90 (72%) |
| 2(d) | 3 (2%) | 21 (17%) | 101 (81%) |
| 2(e) | 3 (2%) | 47 (38%) | 75 (60%) |
| 2(f) | 7 (6%) | 23 (18%) | 95 (76%) |
| 2(g) | 5 (4%) | 56 (45%) | 64 (51%) |
| 2(h) | 3 (2%) | 20 (16%) | 102 (82%) |
| 2(i) | 3 (2%) | 46 (37%) | 76 (61%) |
| 2(j) | 2 (2%) | 85 (68%) | 38 (30%) |
| 2(k) | 1 (1%) | 98 (78%) | 26 (21%) |
| 3 | 2 (2%) | 68 (54%) | 55 (44%) |
| 4 | 52 (42%) | 31 (25%) | 42 (34%) |
| 5(a) | 8 (6%) | 49 (39%) | 68 (54%) |
| 5(b) | 18 (14%) | 48 (38%) | 59 (47%) |
| 5(c) | 15 (12%) | 39 (31%) | 71 (57%) |
| 5(d) | 18 (14%) | 49 (39%) | 58 (46%) |
| 6 | 3 (2%) | 65 (52%) | 57 (46%) |
| 7 | 2 (2%) | 71 (57%) | 52 (42%) |
| 8(a) | 44 (35%) | 8 (6%) | 73 (58%) |
| 8(b) | 31 (25%) | 86 (69%) | 8 (6%) |

*125 Total Responses

December 27, 1974

MEMORANDUM

Jesse Darnell

August G. Swanson, M.D.

Cross-tabulations on CAS Response to Health Manpower Questionnaire

In order to have maximum amount of information available for the meeting of the Health Manpower Task Force on January 3rd, I would like to include in the final data base all questionnaires received through Monday the 30th.

In addition to the tabulations now accomplished it would be useful to also determine whether there was a difference between the responses from basic sciences and clinicians. Mignon has marked on the bottom of the last page of each questionnaire whether it was clinical or basic science.

AGS/vlb