"We're not feeling it everywhere because the shortage is early on, and it's not homogeneous nationally," he said, adding that the shortfall will grow to about 20% within the next 20 years. And physician assistants and nurse practitioners aren't being trained in sufficient numbers to be the solution.

Dr. Darell G. Kirch, president and chief executive officer of the American Association of Medical Colleges, Washington, praised Dr. Cooper for conducting the pioneering research that is awakening health policy planners to the looming physician shortage.

The AAMC is now recommending to Congress a 30% increase in U.S. medical school capacity. A 17% increase in capacity by 2012 is possible simply by maximizing existing capacity, according to the latest AAMC survey of the 125 medical school deans. An attractive additional strategy is to create regional or branch campuses of existing medical schools, as medical schools. Most of the rest are filled by non-U.S.-citizen international medical graduates, many from developing countries where physicians are sorely needed. Adding more U.S. medical schools would increase the proportion of U.S. graduates in the postgraduate pipeline and keep more international graduates where they were trained, noted Dr. George F. Sheldon, professor of surgery at the University of North Carolina at Chapel Hill.

Dr. D. Britt got a big hand from the audience when he told the panelists the time has come to "give up the ruse and declare what we already know—that the most wasted year in all medical education is the fourth year of medical school."

Eliminating it would make medical school more attractive and substantially cut the crushing student debt burden, argued Dr. Britt, professor and chairman of the department of surgery at Eastern Virginia Medical School, Norfolk.

Some medical students would benefit from having the fourth year count as their first year of residency training. Dr. Kirch said. Others enter medical school so highly qualified that much of the first 2 years are of little value.