

maceutical Association, and the North Carolina Physical Therapy Association, and on a June 29, 1962, news release by the State Hospitals Board of Control. Here the estimated need reached the appalling figure of more than 2,000 professional nurses and almost 3,000 persons in other health professions.

A third related tabulation summarized the schools in operation in the 114 reporting hospitals. Twelve types of schools for para-medical and medical personnel (excluding medical schools) were listed with a capacity for 2,959 students. Actual students, however, totaled only 2,462 with 497 opportunities for training going begging.

This fact brings to the fore what must be regarded as a prime factor in the personnel shortage: recruitment. While the number of persons entering the health professions has remained more or less static, demand for their services has increased many-fold. The increased demand can be attributed to a number of factors. As the life span lengthens, more people need care. There are more hospitals with more beds. Because various forms of hospital insurance have become more common, more people use hospitals. The rapid advances in medical science in the last quarter century have made medical practice infinitely more complex and more specialized. This complexity and specialization has demanded an answering specialization in allied fields. The health professions have left the "family doctor" era and emerged as "specialists," also. We have the medical technologist who works in the laboratory, the medical technologist who works with the patient, the cytologist, the hyperbaric nurse, the pediatric nurse, the supervisory nurse, the X-ray technician, the occupational therapist, the registered dietitian, and on and on. Each of these persons must have in addition to sound basic education some special training which may add months or years to the time spent in formal study.

How, then, do we go about meeting these needs? At Duke Medical Center, for example, there are openings for 35 registered nurses on the gen-

eral staff and a further need for supervisory personnel. At present there are openings for three dietitians in the Medical Center, and there is a constant need for trained technicians in both research and patient care areas. To help fill such places, Duke is reinstating a program in medical technology leading to ASCP (American Society of Clinical Pathologists) registration as well as a baccalaureate degree. Duke currently has recognized training programs in physical therapy, dietetics, X-ray technology and hospital administration. In cooperation with Lees-McRae College, future medical secretaries intern for one year at Duke. The Practical Nurse training program at Duke is one of the largest and oldest in North Carolina.

At Duke and at most hospitals efforts have been made to determine what components of a job can be done by untrained personnel, either paid or volunteer. There is, however, a law of diminishing returns in such an answer; and it is essentially an emergency solution. The only satisfactory effort must be a sustained program of recruitment and training which will gradually narrow the gap between supply and demand.

At the federal government level Mrs. Frances P. Bolton, Republican Member of Congress from Ohio, introduced in Congress The Nurse Training Act of 1964 which has as one of its goals a 75 per cent increase in annual output of graduate nurses—from 30,000 to 53,000. It would do this by construction grants for teaching facilities; traineeships, scholarships and loans; and various grants designed to develop and improve nursing education.

In the state of North Carolina The North Carolina Medical Care Commission has seven scholarship and loan programs: (1) Medicine, Dentistry, Pharmacy; (2) Nursing; (3) Graduate Nurses; (4) Professional Practice in State-Operated Mental Facilities; (5) Nursing Instructors; (6) Nurse Anesthetists; (7) Medical Technicians. In general these programs are aimed at alleviating specific shortages within the state, and stipulate that the recipient, on completion

of training, will work within the state for some specified period.

Helpful as such programs of assistance are, they will fail of their purpose unless students can be recruited for the health professions at the high school level as they begin to formulate career plans.

North Carolina is unique among the 50 states in having already established a state-wide recruiting organization. Begun in western North Carolina (District I of the N. C. Hospital Association), a recruiting and counseling program aimed at high school students was so successful that within two years the number entering health careers in the area had doubled. Its effectiveness demonstrated, the program was picked up at the state level and became Health Careers for North Carolina. Structured in six districts corresponding to the six districts of the state Hospital Association, it is a program of the North Carolina Hospital Education and Research Foundation, Inc. The latter is supported by 120 hospitals (including Duke Hospital), 26 hospital auxiliaries (among them the Duke Hospital Auxiliary), The Duke Endowment, R. J. Reynolds Tobacco Company, Z. Smith Reynolds Foundation, Liggett & Myers Tobacco Company, North Carolina League for Nursing, Medical Society of the State of North Carolina, North Carolina Mutual Life Insurance Company, Hospital Care Association, and Hospital Saving Association. Now entering its second year, the venture was programmed for three years and will undoubtedly continue beyond that time. Each district has an office and a Health Career Coordinator. (Durham is in District IV; its Coordinator, Mrs. E. C. Peele, P. O. Box 42, Odd Fellows Building, Raleigh.) The Coordinators attempt to work through the high schools and high school counselors and to establish such continuing projects as "Health Career Clubs," which will guarantee sustained interest instead of one-shot enthusiasm. It is still too early to say what the program is accomplishing state-wide.

North Carolina is receiving inquiries from other states about Health

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