The Robert Wood Johnson Clinical Scholars Program

Robert Wood Johnson Foundation, 1969

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Background. The Clinical Scholars Program was born out of a conversation among five senior professors of medicine and Margaret Mahoney, then a Carnegie Corporation program officer. The group was concerned that the education of future physicians was inadequate to meet the needs of society, and that the medical schools and medical establishment in general had an inadequate understanding of the need to respond to the societal changes that clearly required advances in medical care to meet the shifting needs of the population over time. Mahoney encouraged the professors to follow up on their conversation, and the Clinical Scholars Program (CSP) was initiated, in 1969, under the auspices of the Carnegie Corporation of New York and the Commonwealth Fund.

The program’s aim was to create a corps of physicians, “with a strong grasp of the societal forces that impact health care, the quantitative and qualitative skills to assess both those forces and the health care system, and therefore the ability to effect change within the system.” It acknowledged that there were young physicians who wanted to improve medical care, not in the medical laboratory, but in work that could impact the policies that drive the system of medical care.

In 1972, the Robert Wood Johnson Foundation began to operate as a national philanthropy. Expanding tremendously its operations, the Foundation recruited Margaret Mahoney from Carnegie. With the three-year Clinical Scholars pilot program set to expire, Mahoney came to RWJF with the understanding that the Foundation would undertake support of the program over an unspecified period of time but with the understanding by the Foundation’s trustees that it would require more support, over time, to build the number of physicians needed to have impact on the medical care system. The trustees bought that argument and the RWJF’s initial contribution to the program, in 1972, was $5.9 million.

Strategy. Clinical Scholars was initiated as a national program, with sites at each of the universities at which the five professors taught (McGill, Case Western Reserve, Duke, Johns Hopkins, and Stanford). The sites have since changed in both number (expanding and contracting over the years) and location (none of the original sites has been in continuous operation since ’69), and there is no central curriculum common to them all. A National Advisory Board was created to oversee the program and ensure that each branch is operating in line with the Foundation’s general aims.

Two-year fellowships were offered to young doctors who had recently completed their residencies. The doctors were trained in economics, sociology, law, statistics, education, management, and epidemiology. The idea was to provide them the expertise to influence health care policy and medical care, and strengthen the nascent field of health services research. The scholars also continued to see patients throughout the fellowship.

Outcomes. Clinical Scholars is now RWJF’s longest-running program and has served as a model for the Foundation’s more recent human capital investment initiatives. The program was managed internally, by RWJF program officer Annie Lea Schuster, until 1996, when the Foundation set up a National Program Office (administered by Schuster) at the University of Arkansas. That office has since moved to Stanford, and is now directed by Iris Litt, a distinguished pediatrician who is considered a pioneer in the development of Adolescent Medicine. To date, the Foundation has allocated a total of $205.7 million to CSP.

The program has nearly a thousand alumni, who are active in all fifty states. As of 2003, they had served as hospital CEOs, foundation officers (including the president and some other senior...
execs of RWJF), academic faculty (at this writing, 162 full professors and twenty-five department chairs), in government (David Satcher, for example, former U.S. Surgeon General and Assistant Secretary of Health), and more.

**Impact.** The Foundation has periodically evaluated the program, in order to determine its impact and to assess its continued relevance and identify changes that would add value in the changing fields of health care and health policy. An internal assessment in 1981 of the Clinical Scholars Program documented the influence of the program on the universities with which it had been affiliated. Core curricula have, at some schools, been changed to include aspects of the program, and the field of health services research has been institutionalized and legitimated thanks to the long-term commitment of the Foundation and the continuing scholarship of the program’s graduates. And an outside evaluation, conducted in 1992, asserted that CSP had been a “tremendous success.” The evaluators wrote that the program “had changed the intellectual climate of [the] institutions for the better.” This was demonstrated by the fact that “host institutions consistently showed an interest in keeping Clinical Scholars on their faculty after they completed the program.” More importantly, the evaluators concluded that the Foundation “... has molded a sorely-needed generation of scholars who would not exist without the Clinical Scholars Program.” The many contributions of the CSP graduates are, without a doubt, the most significant impacts of the Foundation’s investment.

The graduates have, by and large, served the role envisioned for them. As Dr. Halstead Holman, one of the original six who conceived the program has said, “[m]ost of the time, when we look at [CSP], only about 15 percent and maximum 20 percent of the scholars are off doing noninvestigative, nonleadership things in standard private practice. And even many of those are providing leadership in other ways in community medicine or something. So I think it’s been an astonishingly successful program.” And a 2002 report, by a team from UCSF, while discussing the many challenges faced by the program—among them the continued rise of subspecialization in medicine; the soaring costs of medical education, making fellowships unattractive to many young doctors; and the increasing competition for positions in academic medicine—also concluded that “... the Program continues to be productive and successful.”

**Notes**


591. Gardner, “A Conversation About the Clinical Scholars Program.”