

HOD ACTION: Council on Medical Education Report 8 adopted as amended and the remainder of the report filed.

REPORT OF THE COUNCIL ON MEDICAL EDUCATION

CME Report 8-A-08

Subject: One-Year Public Health Training Options for All Specialties

Presented by: Richard J.D. Pan, MD, MPH, Chair

Referred to: Reference Committee C
(David M. Lichtman, MD, Chair)

Introduction

At its 2007 Annual Meeting, the American Medical Association House of Delegates adopted the recommendations in Council on Medical Education (CME) Report 12, “One-Year Public Health Training Options For All Specialties.” Recommendation 2 of this Council report asks that “our AMA, through its Council on Medical Education, monitor the progress of the Institute of Medicine (IOM) study, *Training Physicians for Public Health Careers*, and provide an updated report based on the IOM study recommendations to the 2008 Annual Meeting.”

In response to the recommendation, this report will:

1. Summarize key findings of CME Report 12-A-07 as context; and
2. Provide an update on the status and recommendations of the IOM study on public health training and assessment of competence for physicians-in-training and physicians in practice.

Key Findings of CME Report 12-A-07

CME Report 12-A-07 provides definitions for public health and public health physicians. It utilizes the widely accepted definition of public health, set out in the 1988 IOM report *The Future of Public Health*, which states that public health is “...the science and art of preventing disease, prolonging life and promoting health and efficiency through organized community effort.”¹ Public health physicians are defined as those “...whose training, practice and world view are based in large part on a population focus rather than individual practice, that is, on assuring the availability of essential public health services to a population using skills such as leadership, management, and education as well as clinical interventions.”²

Three avenues or “tracks” are commonly followed by physicians with an interest in public health practice: 1) the traditional graduate training in general preventive medicine/public health; 2) the Centers for Disease Control and Prevention’s (CDC’s) Epidemic Intelligence Service (EIS); and 3) a public health professional degree such as the Masters in Public Health (MPH).

Briefly, in track 1, graduate training in general preventive medicine, the physician completes an Accreditation Council for Graduate Medical Education (ACGME)-accredited general preventive medicine/public health residency program. Track 2, EIS, is a two-year, postgraduate program that trains physicians and other health professionals in skills necessary to investigate infectious disease

1 outbreaks and epidemics. Lastly, track 3, the MPH, is usually a one-year program which includes
2 a three-month practicum.

1 IOM Study Update

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3 *Background*

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5 The impetus for the IOM study had been the mounting concern over the shortage of public health
6 physicians in the United States as well as the adequacy of their training. Well-trained public health
7 physicians are crucial to continue the advancements that have been made in public health including
8 "...vaccines, improved sanitation and hygiene, safer workplaces, enhanced food and drug safety,
9 and preventive health services aimed at such things as alcohol and drug use" (IOM, 2007).³ They
10 are also necessary to combat existing threats to the nation's health such as ongoing threats of
11 terrorism including bioterrorism, food safety issues, and pandemics.³

12
13 As a result of concern about a shortage of well-trained public health workers including physicians,
14 the U.S. Congress mandated an IOM study to determine: 1) what knowledge and skills are needed
15 by public health physicians; 2) the number of programs needed to maintain an adequate supply of
16 physicians trained for public health careers; and 3) how these programs can be funded. The IOM
17 assembled a committee to address the Congressional mandate.

18
19 The result of deliberations by the committee is summarized in the IOM report entitled *Training*
20 *Physicians for Public Health Careers*. For the purposes of this report, information and
21 recommendations from the IOM report pertaining to the number of programs needed to maintain an
22 adequate supply of physicians trained for public health careers, are included.

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24 *Training Capacity of Public Health Physicians*

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26 The IOM report uses the 1988 IOM definitions for public health and public health physicians.
27 Public health is further defined, however, as "what we as a society do collectively to assure the
28 conditions in which people can be healthy."³

29
30 The report discusses the difficulty of assessing and predicting resource needs because the base
31 population and the turnover rate of physicians is not well known. Further, "determining the training
32 resource needs becomes even more difficult when the description of what constitutes a public
33 health workplace or a medical practice contribution to public health is made more generous or is
34 defined more broadly."³ Despite these limitations, the number of physicians in governmental public
35 health practice is estimated to be 10,000. It is estimated that the need for these physicians is twice
36 that or 20,000, with an annual replacement need of 1,350.³

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38 The committee cites schools and programs of public health, the EIS programs of the CDC,
39 certificate programs, public health training networks, and public health leadership networks as
40 options for obtaining education in public health. The lack of uniformity in the provision of
41 "knowledge about and skills in public health" offered through these options is noted.³ The
42 committee is concerned not only about adequately training future public health physicians but
43 providing adequate training to those currently engaged in the learning process.

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45 In order to ensure a sufficient number of well-trained public health physicians both now and in the
46 future, the committee has placed emphasis on increasing the number of public health physicians
47 and the quality of public health training programs for physicians in its recommendations.

1 IOM Recommendations for Public Health Training for Physicians

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3 The IOM makes the following recommendations for additional training programs for physicians:

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5 • The Centers for Disease Control and Prevention (CDC) should expand the Epidemic
6 Intelligence Service program to include double the current physician enrollment without
7 diminishing the participation of other disciplines, and expand its Academic Health
8 Departments (AHD) to sustain 30 AHDs;
- 9 • State and large local health departments, in conjunction with medical schools and schools
10 of public health, should expand post-residency fellowships in public health;
- 11 • Public health/general preventive medicine (PH/GPM) residency programs should expand
12 current capacity and add additional PH/GPM residences as needed to graduate a minimum
13 additional 400 residents per year;
- 14 • The Residency Review Committee for Preventive Medicine should review the content and
15 quality of preventive medicine training programs in the context of the recommendations in
16 this and other recent IOM reports on public health to ensure that the training programs
17 meet the needs of modern public health practice;
- 18 • Governmental public health agencies should support both initial and ongoing assessment of
19 the training needs of physician employees; and,
- 20 • The American Board of Preventive Medicine, the Board of Public Health Examiners, the
21 American College of Preventive Medicine, the American Association of Colleges of
22 Osteopathic Medicine, the Association of State and Territorial Health Officials, the
23 National Association of County and City Health Officials, the Association of Schools of
24 Public Health, the American Public Health Association, and the Council of Accredited
25 MPH Programs should convene to explore the challenges and mechanisms available to
26 assess minimum competency for physicians in public health practice.³

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28 Relevant American Medical Association Policy

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30 Policy of our AMA supports continuing development of initiatives to bring schools of medicine
31 and public health back into a closer relationship (Policy H-425.982, AMA Policy Database).
32 Policy also supports collaboration with national public health organizations to explore ways in
33 which public health and clinical medicine can become better integrated, through such efforts as
34 development of a common core of knowledge for public health and medical professionals, as well
35 as education vehicles to disseminate this information (Policy H-440.912).

36
37 Summary

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39 A strong public health infrastructure is necessary to further advancements that have been made in
40 public health as well as to combat existing and future threats to the nation's health. Concern over
41 the nation's ability to produce the number of well-trained public health physicians needed to
42 address these public health needs has been growing. Congress mandated an IOM study to address
43 these concerns.

44
45 The IOM report entitled *Training Physicians for Public Health Careers* was written in response to
46 the Congressional mandate. With regard to physician training, the IOM makes six
47 recommendations for increasing training capacity. The recommendations revolve around increasing
48 the number of and providing adequate training (including assessment of that training) for public

1 health physicians. In sum, the IOM recommends that both current enrollment of public health
2 physicians and post-residency fellowships in public health should be expanded and that residency
3 programs should expand current capacity and add additional residencies. Further, the content and
4 quality of programs should be reviewed and the initial and ongoing assessment of training needs
5 should be supported. Finally, key stakeholders in public health are called upon to work together
6 with regard to assessment of “minimum competency” of public health physicians.³ It is worthy of
7 note that both the Association of American Medical Colleges and the American Medical
8 Association are not included in the list of organizations identified in the recommendations.

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10 **RECOMMENDATIONS**

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12 The Council on Medical Education recommends that the following be adopted and that the
13 remainder of the report be filed.

- 14
15 1. That our American Medical Association offer its participation in the future planning to
16 implement the recommendations in the Institute of Medicine report, *Training Physicians*
17 *for Public Health Careers*. (Directive to Take Action)
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19 2. That our AMA, in the context of its Initiative to Transform Medical Education (ITME),
20 study opportunities for integrating content related to public health and preventive medicine
21 across the medical education continuum and report back at the 2009 Annual Meeting.
22 (Directive to Take Action)
23
24 3. That AMA Policy D-305.974, Funding for Preventive Medicine Residencies be reaffirmed.

Fiscal Note: \$5000 for staff time to conduct the recommended study.

Complete references for this report are available from the Medical Education Group.