REPORT OF THE COUNCIL ON MEDICAL EDUCATION

CME Report 12-A-07

Subject: One-Year Public Health Training Options for all Specialties (Resolution 315 – A-06)

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Referred to: Reference Committee D (Elizabeth P. Kanof, MD, Chair)

INTRODUCTION

Current events in the United States, such as the September 11, 2001, terror attacks, anthrax, SARS, Katrina, vaccine shortages, emerging food safety issues, and ongoing threats of bioterrorism, as well as the possibility of an influenza pandemic, all stress the public health infrastructure.[2] Do our public health infrastructure and workforce have the capacity to respond to these major threats? One component of a successful response to these public health problems is a well prepared cadre of physicians with competencies in public health practice.[3]

As a consequence, the American Association of Public Health Physicians introduced Resolution 315 (A-06) at the AMA House of Delegates meeting, June 2006. The Resolution as referred, included two resolves,

> That our American Medical Association support the concept of one-year optional additional public health training as a field practicum or experience in a teaching health department available to residents in all specialties (New HOD Policy);
>
> That our AMA encourage the various American Board of Medical Specialties specialty boards to explore the possibility of offering a Certificate of Added Qualification (CAQ) in Public Health in their respective specialties.

This report addresses the two resolves in Resolution 315 (A-06).

BACKGROUND

It is useful to have shared definitions of two terms - public health, and public health physicians. In addition, insofar as the Institute of Medicine has a current project addressing training physicians for public health practice, a description of this project is informative.

Definitions – public health and public health physicians

A widely accepted definition of public health, set out in the 1988 IOM report, The Future of Public Health, is "…the science and art of preventing disease, prolonging life and promoting health and efficiency through organized community effort."[4] Public health is further characterized by Turnock[5] "…Based on principles of social justice, inherently political in its processes, addressing a constantly expanding agenda of problems inextricably linked with

government, grounded in science, and emphasizing preventive strategies, and with a work force bound by common aspirations, public health is unique in many ways. Its value, however, transcends it uniqueness. Public health efforts have been major contributors to recent improvements in health status and can contribute even more as we approach a new century with new challenges…" In recent years, there has been increasing attention on clinical preventive services which are largely provided to individuals in clinical settings, and to some extent are considered to be associated with, but, not equivalent with, traditional public health which is more focused on populations and communities.

What is meant by a 'public health physician'? One definition is offered by the American Association of Public Health Physicians – "…the term "Public Health Physician" shall be taken to mean a physician dedicated to helping guide a community, agency, health organization, medical office or program in pursuit of group or community health goals…This shall include but not be limited to, physicians who plan, provide and administer public health and preventive medicine services in public, private or voluntary settings."[6] Tilson and Gebbie[7] also characterized a public health physician as "…One whose training, practice and worldview 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 intervention…**"** Tilson and Gebbie[7]further noted that competencies for physicians practicing in preventive medicine and public health have been set out by a number of groups.

<u>Current Institute of Medicine (IOM) project – Training physicians for public health careers</u>

In late April 2006, the IOM convened the first meeting of a new 12-month project, funded by the Health Resources and Services Administration (HRSA) – Training physicians for public health careers.[8] It is described - "…At the request of the Congressional Committee on Appropriations, the Institute of Medicine has been asked to convene a committee to assess the role of physicians in the public health workforce. Physicians play an important role in the Federal, State, and local public health infrastructure and are critical for public health preparedness. *However, currently there is not a generally agreed upon model for training physicians for public health careers.* This project intends to: (1) determine what knowledge and skills are needed by public health physicians; (2) determine how many training programs are needed to maintain an adequate public health physician workforce; and, (3) examine how these training programs should be funded." The final panel meeting for this project was held in late November 2006, and the report is scheduled for release in 2007…"[8]

CURRENT TRACKS OPEN TO PHYSICIANS FOR TRAINING IN PUBLIC HEALTH AND ESTIMATES OF NUMBERS TRAINED

Physicians with an interest in public health practice commonly follow one of three tracks: the traditional graduate training in general preventive medicine/public health; the Centers for Disease Control and Prevention's (CDC's) Epidemic Intelligence Service (EIS); or the pursuit of a public health professional degree such as the Masters of Public Health (MPH).

<u>Traditional track: graduate training in general preventive medicine/public health</u>

The traditional track for physician preparation for public health practice is completion of an Accreditation Council for Graduate Medical Education (ACGME)-accredited general preventive

medicine/public health residency program. The initial year in the three-year training is clinical, followed by an academic year in which the trainee studies for an MPH degree, followed by a year practicum in either general preventive medicine or public health. The trainee then seeks certification by the American Board of Preventive Medicine. The professional organization of preventive medicine physicians, the American College of Preventive Medicine, (ACPM) states "…The ACPM position is that the pathway for physicians to attain the highest level of competency in public health is through residency training and board certification in preventive medicine.[9] "In academic year 2005, there were 75 accredited preventive medicine residency programs in the United States, with 315 active residents.[10] In addition, there are seven graduate training programs available which combine training in both internal medicine and general preventive medicine.[11] As of 2004, the numbers of living diplomates of the American Board of Preventive Medicine were: Aerospace Medicine – 1,117, Occupational Medicine – 3,079, Public Health and/or General Preventive Medicine – 3,634, for a total of 7,830 (or unduplicated living diplomates – 7,518).[12]

Epidemic Intelligence Service (EIS) - Centers for Disease Control and Prevention

Another track open to physicians who wish to prepare for public health practice is the CDC's Epidemic Intelligence Service (EIS). EIS is a two-year, postgraduate program that trains physicians and other health professionals in skills necessary to investigate infectious disease outbreaks and epidemics. Known as CDC's "disease detectives," EIS officers have helped identify and control hundreds of disease outbreaks, including toxic shock syndrome, Legionnaires' disease, the ebola and AIDS viruses and most recently anthrax. In addition to their work with infectious diseases, EIS officers also evaluate the risks of toxic spills, monitor the safety of water supplies, assist in responses to natural disasters, and study the health effects of occupational hazards. Since its inception in 1951, the EIS has trained nearly 2,500 doctoral-level health professionals, who work under the supervision of epidemiologists at the CDC, or in state and local health departments. About 10 percent of EIS officers are from foreign countries. Competition for EIS positions is high - usually 400-500 applicants vie each year for approximately 60 EIS positions. Just over 2,500 professionals have been trained in the EIS program – about 60% of whom are physicians.[13]

Masters of Public Health

Physicians trained in clinical specialties frequently develop a familiarity with public health practice by earning an MPH degree. Most MPH programs are one year in length and include a three-month practicum. Practicum sites vary and may or may not be in public health settings. In 2004-2005, there were 752 physician graduates of Schools of Public Health in the United States.[14] In addition, medical schools report in the Liaison Committee on Medical Education Annual Questionnaires[15-17] both increasing numbers of MD-MPH programs, as well as increasing numbers of medical student enrollees: 26% (32/125) of medical schools reported having combined MD-MPH programs with 338 medical student enrollees,[15] 42% (53/125) with 380 enrollees,[16] and 54% (67/125) with 805 enrollees[17] for 1995-1996, 2000-2001, and 2005-2006 respectively.

SUMMARY

Given current threats to our nation's health, there is clear need for a cadre of physicians prepared for public health practice. Three tracks are open to physicians for preparation in public health practice – the traditional three-year preventive medicine residency with a 2-year postgraduate fellowship program, the CDC's Epidemic Intelligence Service, and the one-year academic-based Masters of Public Health with a three-month practicum which may or may not, based on the trainees preference, occur in a public health setting. The traditional preventive medicine residency

program is now smaller than in prior years, largely due to funding deficits. Residents frequently resort to use of personal resources, as there are minimal Medicare or other health care payor funds available to support these residency programs. One exception is the CDC support for a small number of preventive medicine residency positions for its employees. Although the CDC's Epidemic Intelligence Service offers a solid two-year experience in field epidemiology and public health, the numbers of trainees are relatively small – 60 per year. The third track, the MPH degree, is largely an academic program with a relatively short practicum of three months which may not provide adequate time to build physician competence for public health practice. Hence, there is clear need for further exploration of how best to enhance our cadre of physicians prepared for public health practice. It is encouraging that the IOM is addressing this issue in considerable depth and will shortly issue its findings for wider distribution.

The proposals in the Resolves of Resolution 315 (A-06) offer two additional tracks for physician preparation in public health practice. The first track, a one-year practicum in public health settings for physicians trained in any specialty, raises significant challenges, such as funding sources, and availability of educational resources, including curricula, well-designed learning experiences, and appropriately prepared teachers. In addition, insofar as public health tasks are likely to differ for physicians in different specialties, development of specialty-specific public health competencies is essential. The second, and associated track, requests that the ABMS, through its member Boards, offer a special certificate in public health, now referred to as a subspecialty certificate. Although both proposed tracks offer alternatives, considerable groundwork is needed in preparation for development and implementation of the proposed tracks. This groundwork is currently under way as a part of an IOM study. It may make sense, therefore, to await the IOM study findings.

RECOMMENDATIONS

The Council on Medical Education recommends that the following be adopted in lieu of Resolution 315 (A-06) and that the remainder of the report be filed.

1. That our American Medical Association encourage additional funding for public health training for more physicians. (Directive to Take Action)

2. 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. (Directive to Take Action)

3. That our AMA, in conjunction with other appropriate organizations, support the work of relevant groups to initiate the development of specific physician competencies for physicians engaged in public health practice. (Directive to Take Action)

4. That our AMA inform medical students and physicians of existing opportunities for physician training in preparation for public health practice. (Directive to Take Action)

Fiscal Note: Less than $500 for advocacy activities and dissemination of information.

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