



Discussion

Preventive medicine's equivalence problem

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ARTICLE INFO

Keywords:
 Preventive medicine
 Residency
 Training
 Graduate medical education
 Public health

ABSTRACT

The structure of preventive medicine residency training in the U.S. warrants serious examination. U.S. public health and general preventive medicine residencies have suffered a 17% decline in the number of residency programs since 2000, and current residency programs are, on average, half-empty. The required clinical year is not unique to preventive medicine, a basic, undifferentiated MRCP for preventive medicine doesn't distinguish the preventive medicine specialist, and practitioner year requirements are overly broad and not necessarily specific to the specialty, leaving the specialty vulnerable to equivalence by most other specialties. Strategies including creation of an additional preventive medicine-specific clinical year, developing a new public health degree for the specialty, and more specific practitioner rotations, as well as potentially changing the specialty's name and altering the annual structure of training, are proposed along with an equivalence test.

1. Introduction

Although the specialty of preventive medicine in the U.S. has been examined vis-à-vis the content of its residency training (Jung and Lushniak, 2017), the structure of its residency training warrants serious examination as it may be equally culpable in the specialty's lack of clear identity. Preventive medicine, heretofore referring categorically to the specialty of Public Health and General Preventive Medicine, has suffered a 17% decline in the number of U.S. residency programs since 2000 (Salive, 2000), and current residency programs are, on average, half-empty, including those that receive federal funding (Table 1). There does not appear to be common understanding of what the specialty of preventive medicine is (Jung and Lushniak, 2018), and there is no obvious or expected career path for preventive medicine specialists after residency (Salive and Parkinson, 1991; Flower et al., 2019). One of the weaknesses of the specialty is that its residency training is largely an amalgam of other specialties' and professions' training. Each part of preventive medicine's conventional training structure – a clinical year, an academic or MRCP year, and a practitioner year – conveys equivalence to others' training, in whole or in part, and stifles the specialty's singularity.

2. Clinical year

The first instance of equivalence is preventive medicine's clinical year. In short, the required clinical year is not unique to preventive

medicine. The specialty requires preventive medicine residents to "perform all medical, diagnostic, and surgical procedures considered essential for the area of practice," (Accreditation Council on Graduate Medical Education, n.d.-a) but may accredited PGY-1 clinical training, e.g. neurosurgery or pathology, qualifies. This leaves preventive medicine with no distinct clinical training, and it allows all other specialties to claim identical training.

A potential solution may be development of a preventive medicine-specific clinical year. For example, a year of clinical experience within public health clinics, such as state tuberculosis clinics, local STD clinics, and county maternal child health clinics may provide for unique clinical training through preventive services and public health experiences. Clinical rotations that incorporate the applied Lifestyle Medicine Curriculum (Lifestyle Medicine Program Curriculum Outline, n.d.) could also fit the bill.

To provide a more robust clinical experience and assuage most Accreditation Council for Graduate Medical Education (ACGME) clinical requirements, perhaps the preventive medicine clinical year may be required in addition to a general clinical year. Although adding additional training time may be anathema to some, preventive medicine specialists in Canada currently undergo typically five years of residency training, including additional time in clinical medicine and practitioner placements, proving the practicality of such additional training (Loeb and Peik, 2012). The point is to develop and require a distinct clinical year to evade equivalence with any other specialty and establish an idiosyncratic training specific to preventive medicine. The simple

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