

Council on Linkages Between Academia and Public Health Practice
Consensus Statement on Preventive Medicine Physician Licensure

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Introduction

Preventive Medicine is a diverse, well-established, and unique medical specialty recognized by the American Board of Medical Specialties that employs a population-based approach to healthcare delivery. Physicians certified in Preventive Medicine often focus their efforts on disease prevention and health promotion for individuals and populations. Preventive Medicine physicians are uniquely trained in both clinical and population-based medicine, leading to a Doctor of Medicine (MD) or Doctor of Osteopathic Medicine (DO) degree and a Master of Public Health (MPH) degree.

Public Health Workforce

Today there exists a critical need for a public health workforce that includes physicians with unique and targeted competencies in population health. The primary residency training pipeline that trains such physicians is Preventive Medicine. These physicians enter the public health workforce with the skill set required to advance public health solutions to our nation's most pressing healthcare needs.

Many Preventive Medicine physicians work outside of direct patient care, often in governmental public health roles, where they contribute to the broad practice of public health, as defined by the 10 Essential Public Health Services. They work in many diverse areas, such as launching community-based programs to improve access to prenatal care; developing and implementing cholesterol education programs for those at risk of heart disease; designing asbestos remediation programs for low-income housing; and improving health and wellness in defined populations in corporate settings, health plans, and community-based clinics. Simply stated, Preventive Medicine physicians assume many vital leadership roles as public health physicians.

Medical Decision Making

Preventive Medicine physicians' dual training in public health and medicine provides them the skills required to assess the health status and needs of a target population, implement and evaluate interventions designed to improve the health of a population, and provide care at the population level. They rely on their medical training and clinical judgment in making medical decisions for the populations they serve. As a result, these physicians, like all other physicians, require a medical license to practice medicine.

Unfortunately, many states do not formally recognize the practice of population-based medicine as the active practice of medicine. As a result, some Preventive Medicine physicians have been denied a medical license when they move to a new state and must verify that they have been engaged in the active practice of medicine in order to receive a medical license. In fact, several states have statutes with language that narrowly defines the "active practice of medicine" as direct patient care only.

Efforts to educate governing bodies regarding the practice of population-based medicine have long been underway. Today, the Accreditation Council for Graduate Medical Education (ACGME), the organization responsible for the accreditation of post-MD medical training programs in the United States, through a peer-reviewed process based on established standards and guidelines, has defined the

clinical practice of medicine as being that “in which physicians assess patients (in person or virtually) or populations in order to diagnose, treat, and prevent disease using their expert judgment. It also refers to physicians who contribute to the care of patients by providing clinical decision support and information systems, laboratory, imaging, or related studies”¹ (*emphasis added*). This definition, clearly and pointedly, includes the activities of Preventive Medicine specialists as being part of the active practice of medicine.

Additionally, the American Medical Association’s House of Delegates passed a policy resolution at its 2010 interim meeting with the title, *Licensure for Physicians not Engaged in Direct Patient Care*. This policy “opposes laws, regulations, and policies that would limit the ability of a physician to obtain or renew an unrestricted state or territorial medical license based solely on the fact that the physician is engaged exclusively in medical practice which does not include direct patient care,” and urges the Federation of State Medical Boards, as well as the state and territorial medical boards, to establish policies that will facilitate the provision of licenses to such physicians without creating “separate categories of licensure based solely on the basis of the predominant professional activity of the practicing physician.”²

In a similar manner, the Medical Board of California, in its Frequently Asked Questions dialogue with physicians who hold retired licenses, clearly states that the practice of medicine does not necessarily include seeing or examining patients, but includes such activities as utilization review decision making and making decisions regarding the need and appropriateness of any treatment or other medical service, even when “the physician does not see or examine the patient” since the physician’s decision “directly impacts the treatment the patient will receive.”³

Critical Role of Preventive Medicine Physicians

The Council on Linkages Between Academia and Public Health Practice, comprised of 22 national practice and academic organizations engaged in public health and population health, affirms the critical role Preventive Medicine physicians play in population health and supports efforts to assure that Preventive Medicine physicians are permitted to be licensed in all states based on the definition of clinical medicine used by the ACGME. The specialty of Preventive Medicine, and the skills of Preventive Medicine physicians, are needed now more than ever to address complex health needs of communities, improve the health of individuals and populations, and drive down escalating healthcare costs.

References

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2. Policy H-275.921 “Licensure for Physicians Not Engaged in Direct Patient Care,” American Medical Association, Resolution 923, I-10. <http://www.ama-assn.org/resources/doc/hod/i10-resolutions.pdf?> P. 206
3. The Medical Board of California, “Retired Status—Frequently Asked Questions.” http://www.mbc.ca.gov/licensee/retired_status_questions.html#2