

Preventive medicine physician shortage continues to fall behind population needs in the U.S.

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The United States is facing a persistent and worsening shortage of physicians specializing in preventive medicine, reports a study in the

Journal of Public Health Management and Practice.

"The number of [preventive medicine](#) physicians is not likely to match population needs in the United States in the near term and beyond," according to the new research by Thomas Ricketts, Ph.D., MPH, and colleagues of University of North Carolina at Chapel Hill. The study appears in a supplement to the May/June issue of *JPHMP*, presenting new research and commentaries on preventive [medicine](#), funded by the US Health Resources and Services Administration (HRSA).

Preventive medicine physician workforce: Getting older, not enough new trainees

Preventive medicine physicians work at the intersection of clinical medicine and [public health](#), using specialized skills in health services planning and evaluation, epidemiology, and public health practice, management, and leadership. The COVID-19 pandemic has brought new attention to preventive medicine's role in bridging the health care and public health sectors.

Previous reports have noted a "real and significant shortage" of preventive medicine specialists. The most recent analysis found that the number of preventive medicine physicians decreased from 2.1 percent of the total workforce in 1970 to 0.9 percent in 1997. Dr. Ricketts and colleagues present an updated analysis of trends in the US supply of preventive medicine physicians.

Based on data from the American Board of Preventive Medicine, the number of Board-certified preventive medicine physicians increased from 6,091 in 1999 to 9,720 in 2018. The increase was largely driven by growth in occupational medicine, as well as the newer specialty of undersea and hyperbaric medicine.

On analysis of American Medical Association 2018 data, 6,866 physicians reported a specialty in preventive medicine. The figure held relatively steady, compared to previous years. However, there were only about two preventive medicine specialists for 100,000 population—approaching half the national supply at its peak in the 1970s.

In an encouraging development, the percentage of women specializing in preventive medicine has increased; women now account for 35 percent of preventive medicine physicians. However, the specialty is aging: in 2017, nearly half of US preventive medicine physicians were aged 60 years or older.

Meanwhile, the number of new trainees in preventive medicine residency programs has decreased: from 420 in 1999 to 313 in 2020. "This decline will contribute to a reduction in preventive medicine [physician](#) supply, but the future supply will initially be most affected by the aging of the current workforce," Dr. Ricketts and coauthors write. "Even with the growth of women...the training pipeline is not producing enough new preventive medicine physicians to keep pace with population growth and retirements."

These trends highlight an "urgent need for extension of training programs." Some efforts are already in place, including funding for preventive medicine residency programs through HRSA. Loss of funding would not only exacerbate the ongoing shortage, but "would also result in a leadership gap in public health and prevention in the United States that would last well into the future," Dr. Ricketts and colleagues add.

The new *JPHMP* supplement highlights HRSA's investment in preventive medicine, focusing on the strategic goal of achieving health equity and enhancing population health, according to an introduction of

HRSA officers and guest editors Paul Jung, MD, MPH, FACPM, and Sophia Russell, DM, MBA, RN, NE-BC.

The special issue presents HRSA-funded projects by preventive medicine residents, targeting public health priorities such as vaping/[e-cigarettes](#), the opioid crisis, the COVID-19 pandemic, and the population health needs of rural America. Drs. Jung and Russell conclude: "The future of the specialty of preventive medicine remains strong, and HRSA will continue to manage Congress' valuable financial support for the specialty to ensure that it remains viable and relevant for the future."

More information: Thomas C. Ricketts et al. The Supply and Distribution of the Preventive Medicine Physician Workforce, *Journal of Public Health Management and Practice* (2021). [DOI: 10.1097/PHH.0000000000001322](#)

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