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EDITORIAL

RHEUMATOLOGISTS AS AN ENDANGERED SPECIES: A PROPOSAL FOR CHANGE

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It has been well documented that arthritis is a major health problem in the United States, and it is estimated that the costs of health care for persons with rheumatic diseases and of their lost time from work will approach 1% of the gross national product by the year 2000 (1). Most patients with rheumatic diseases are not cared for by rheumatologists, and the situation will probably worsen if future manpower estimates are correct. In 1980, the Graduate Medical Education National Advisory Committee (GMENAC) concluded that there would be 3,000 rheumatologists in the US by 1990 (2). This proved to be quite accurate, as there are now 3,200 adult rheumatologists in practice and in academia (3). Several studies have projected future needs, and one recent study included a recommendation that there should be 8,600 rheumatologists to handle the 21,000,000 visits projected by the year 2000 (3,4). A study commissioned by the American College of Rheumatology to update the GMENAC report estimated a need for 6,049 rheumatologists in 1990 and 7,071 in 2000 (5). Based upon projections of supply, there will only be 4,088 rheumatologists available in the year 2000, thus leaving a deficit of almost 3,000 to meet patient care and research needs.

If the trends of a decrease in the number of students entering internal medicine training programs

and a decrease in the number of internists entering rheumatology fellowships continue, the ability to meet this deficit will be limited (6,7). While there are many reasons for these trends that cannot be effectively addressed by the rheumatology community, one area that can be remedied is the need for a cadre of clinician-teachers who can serve as role models for students and house officers. The value of these individuals is recognized by the many physicians who easily recall the key role an influential teacher played in their career choice. This is of increasing importance when rheumatology is compared with cardiology, pulmonary medicine, and gastroenterology, which now account for more than 80% of the fellowship positions in internal medicine. Rheumatology practice is viewed by many trainees as being not procedure oriented, without high-technology gimmicks, poorly remunerated, and involving the care of patients with chronic illnesses whose clinical courses provide little gratification for the provider (8). Dedicated clinician-teachers who are given designated time to teach and to create an exciting environment for medical students and young physicians in their formative years could do much to neutralize these impressions, emphasize the positive aspects of rheumatology, and provide alternatives to the more technically oriented specialties.

One mechanism that may help meet this manpower need would be the establishment of a "Rheumatology Academic Award Program" by the National Institute of Arthritis and Musculoskeletal and Skin Diseases, or another funding source. This award

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would have the dual purpose of improving the curricula of medical schools in the area of rheumatic diseases and fostering careers devoted to research and education in rheumatic diseases. Each school of medicine or osteopathy would be eligible to compete for an award that would be in effect for 5 years. It may be argued that there are already several mechanisms in place to expose students and house officers to the field of rheumatology, but a quick review will demonstrate that they have not been effective in accomplishing the above goals, and the manpower problems are increasing in severity. This is due to an underestimation of the amount of time needed to implement curriculum reform, the need to generate dollars from clinical activity, and the difficulty in obtaining adequate release time for clinicians to participate in educational activities.

The Rheumatology Academic Award should provide a stimulus for the development of curricula for undergraduate medical students, house officers, nursing students, physical therapy students, and practicing physicians. It could stimulate educational activities in schools with limited rheumatology resources and strengthen the curricula in institutions with established programs. It should be designed to facilitate a multidisciplinary approach to education, involving individuals with expertise in pediatrics, internal medicine, immunology, genetics, laboratory medicine, physical medicine and rehabilitation, orthopedic surgery, epidemiology, and the behavioral sciences. This approach will help to emphasize the relationships between the pathophysiology of the disease processes and the need for a multidisciplinary approach to patient care.

The award would provide funds for an individual to spend up to 50% of his or her time in these curriculum development endeavors. It could provide funds for secretarial support, consultation from evaluation specialists, and media production. It could also be used to enable individual faculty members to obtain additional course work and training in educational methods, evaluation strategies, and the behavioral sciences, to facilitate travel to enable awardees to develop these skills and meet with other awardees to exchange ideas, to fund consultants to provide input with regard to specific areas of need, and to fund student stipends to increase research opportunities.

The concept of an academic award program has been successfully implemented in the areas of pulmonary disease, preventive cardiology, preventive pul-

monary disease, oncology, geriatrics, transfusion medicine, and vascular medicine. Awardees in these fields have worked together to develop core curricula, educational materials, and evaluation instruments. These have been distributed to other programs and been widely implemented.

These awards should provide an opportunity to improve the quality of clinical, academic, and research programs in the rheumatic diseases, and will be of increasing importance to institutions with limited resources. They should enable us to train additional individuals to bridge the gap between basic science and clinical practice, and help bring research advances to the clinical arena. The awards could facilitate the dissemination of information on the latest diagnostic and therapeutic advances and improve care given to patients with rheumatic diseases. While the Rheumatology Academic Award will obviously not solve all of the manpower problems, it should improve the educational offerings for students and house officers and provide a cadre of role models who may influence career choices in a beneficial manner.

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