Whereas, Preventive Medicine is a diverse, well-established and unique medical specialty that received approval by the American Board of Medical Specialties (ABMS) in 1954. Board certification in preventive medicine yields practitioners who are certified in the practice of clinical and population-based medicine.

Whereas, population-based medicine is defined as the complex practice of medicine that allows one to assess the health status and health needs of a target population; implement and evaluate interventions that are designed to improve the health of that population; and efficiently and effectively provide care for members of that population in a way that is consistent with the community’s cultural, policy and health resource values.

Whereas, several states have already proposed to change physician licensure requirements in a manner that would relegate physicians who do not engage in full-time patient care to a lower-class license status.

Whereas, preventive medicine physicians and non-preventive medicine physicians such as, corporate medical directors, state health department administrators, department chairs and medical school deans, who do not engage in full-time patient care, may experience difficulty obtaining a medical license solely because they do not meet state definitions of having been in “active medical practice.”

Whereas, these physicians are typically those working in non-direct patient care settings (i.e., research, public health, academia, private sector or other similar settings) who renew licenses in states where demonstration of active clinical practice is required for license renewal or physicians working in non-direct patient care settings (i.e., research, public health, academia, private sector or other similar settings) who move to a new state where demonstration of active clinical practice is required to obtain a new physician license.

Whereas, this issue arises out of state legislation that defines medical practice or state medical board regulations that define criteria for licensure. Many states, and indeed, the Federation of State Medical Boards (FSMB) and the American Medical Association (AMA) are moving forward with “Maintenance of Licensure” model policies that will make this a more common phenomenon.

Whereas, several states currently have requirements for the active practice of medicine as part of their licensure process, and that number is expected to grow as the FSMB recommendations move forward.

Whereas, according to the AMA Publication, “State Medical Licensure Requirements and Statistics, 2009”, there are 26 states which have a statutory policy regarding physician “re-entry” into practice. In most cases, “re-entry” relates to any return to practice after a hiatus from
active, direct care of patients in a one-on-one patient care setting, and is thus highly relevant to Preventive Medicine physicians (medicine – MD or osteopathy – DO) who may be in administrative or population-based practice settings.

Whereas, medical licensure seeks to improve the quality of medical care given to patients and populations as well as protect the safety of those seeking care.

Resolved: That the American Medical Association advocate that the Federation of State Medical Boards (FSMB) support the provision of full medical licenses for physicians engaged in the practice of population-based medicine. (New HOD Policy)

References: