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The Global Physician Workforce in the Army

### WILL THERE BE ENOUGH PHYSICIANS. THE PHYSICIAN WORKFORCE: LESSONS FROM ARMY MEDICINE

You are listening to ReachMD XM 157, the channel for medical professionals. Welcome to The Strength to Heal brought to you by the United States Army Medical Department, AMED. Your host is trauma surgeon Dr. John Armstrong. Dr. John Armstrong is a former Army Colonel who served as director of the US Army Trauma Training Center in Miami, Florida, and is chair of the ACS Army Committee on Trauma.

Will there be enough physicians. Physician workforce: Lessons from Army Medicine.

Our guest today is Colonel and doctor, Dr. John Powers, director of medical education for the United States Army. Welcome Dr. Powers.

Dr. POWERS:

Thank you, John, for having me here today.

Dr. ARMSTRONG:

Well, what is the scale of Army involvement in medical education?

Dr. POWERS:

I think the first thing I would like to emphasize is that we are not any different than the civilian sector. We have the broad spectrum of graduate medical education throughout the Army. We offer all 26 specialties and we offer a fair number of subspecialties both within our own military institutions and also civilian sponsored specialties. If you were to look at the number of people in military graduate education right now, we make up about a third of the United States Army Medical Corps and we have just under 1450 people in graduate medical education right now, slightly more than 1400 of those are in our own military programs and the balance are in civilian sponsored programs in the civilian sector.

Dr. ARMSTRONG:

It sounds like quite a commitment to graduate medical education.

**Dr. POWERS:**

The Army has been committed to graduate medical education from the very, very beginning, started shortly after the Second World War in unison with the civilian sector as graduate medical education was coming into the center stage.

**Dr. ARMSTRONG:**

Where are the Army Teaching Hospitals located?

**Dr. POWERS:**

There are 11 teaching hospitals. We have Walter Reed in Washington D.C., we have Brooke Army Medical Center in San Antonio, Texas. We have Dewitt Army Community Hospital at Fort Belvoir in Northern Virginia. We have Keller Army Hospital at West Point. We have Fort Hood which is now Darnall Army Medical Center at Fort Hood, Texas. We have William Beaumont Army Medical Center in El Paso, Texas. We have Tripler Army Medical Center in Honolulu, Hawaii. We have Madigan Army Medical Center in Tacoma, Washington. We have Martin Army Hospital at Fort Benning, Georgia. We have Dwight David Eisenhower Army Medical Center at Fort Gordon in Georgia and we have Womack Army Medical Center at Fort Bragg, North Carolina.

**Dr. ARMSTRONG:**

Oh, that's an expansive geography. How do you retain oversight at such an expansive program in graduate medical education?

**Dr. POWERS:**

We work very, very closely with the Directors in Medical Education at each of the training facilities and with their graduate medical education offices and they do an awful lot of the heavy lifting at the sites. We provide the generalized oversight. We monitor their accreditation status, any types of challenges that they are having that they cannot handle it at a local level and we try to keep our fingers on the pulse on what's going on with the ACGME.

**Dr. ARMSTRONG:**

All of these programs go through a special process in the Army?

**Dr. POWERS:**

They go through the same accreditation process as civilian programs and just like any other program, they are identified, you have to submit the appropriate paperwork, site visitor comes and sees them, writes up the report, and then both the paperwork that has been provided and the site visit are reviewed at the meeting of the residency review committee for whatever particular specialty you are

talking about.

**Dr. ARMSTRONG:**

I understand you had the opportunity to start a residency program in the Army, which specialty and what was that like?

**Dr. POWERS:**

I am a family physician so I got to actually restart the family practice training program at Tripler Army Medical Center in Honolulu, Hawaii. I would have to say that that was probably one of the best experiences I have had in my whole medical career because I got to sit and plan then implement and then also hang around long enough to see the fruits of the labors that were put into that effort and also now that I have still been able to stay around after that to see the continuing fruits that have been borne out of that effort.

**Dr. ARMSTRONG:**

That must be exciting to see your graduates' progress.

**Dr. POWERS:**

Looks like I have another set of kids.

**Dr. ARMSTRONG:**

And there are opportunities to be program director within Army Medicine.

**Dr. POWERS:**

I would tell you I think that one of the things that has always impressed me with being in the military and probably one of the reasons why I stayed in so long is the opportunities to advance and to do things at an age that is probably is a lot less than what you would be able to do on the outside. I have gotten to be a program director twice during my military career, the first time was when I was just three years out from my own residency training and then second time was after I had gone back and done the fellowship in faculty development, then as residency director again and then I got to be a teaching chief. So, I think that the opportunities to hold those types of positions and to be actually capable of molding the next generation of physicians, particularly in your own specialty is something that's very, very special and I think that we do give people the opportunity if they were willing to put forward the work and also our patient wait until those type of positions open up.

**Dr. ARMSTRONG:**

I imagine you have some influence over the medical student pool that then enters into Army graduate medical education. How does that factor into your workforce planning.

**Dr. POWERS:**

My office actually has oversight of the Army Health Professional Scholarship Program. We presently have about 1200 people in the scholarship program and this program basically offers medical students the opportunity to graduate from their four years of medical school debt free, the military will pay for their tuition, their fees, their books, and other food expenses as well as providing them a monthly stipend and the trade-off is basically for every year that the military subsidizes you for being in school, you then owe one year worth of obligation and willingness to work in the military after you finish any additional training.

**Dr. ARMSTRONG:**

And there is also a Military Medical School?

**Dr. POWERS:**

Yes, there is, the Uniform Services University at Bethesda. The people that go to the Uniform Services University in addition to having their education free and receiving a salary are actually on active duty. They are Second Lieutenants while they are training and in exchange for the four years subsidy at that school, they actually accumulate a 7-year obligation after any other training.

**Dr. ARMSTRONG:**

So in essence graduate debt free and yet do have some time for service.

**Dr. POWERS:**

Yes.

**Dr. ARMSTRONG:**

I also understand that Army education involves continuing medical education and I would imagine that's one of the largest continuing medical education enterprises around. What is done to promote continuous medical education in the Army?

**Dr. POWERS:**

Actually, that's the third area that we get to cover in my office. We approve the continuing medical education activities that are organized at each of our teaching hospitals as well as all of our community hospitals for their medical staff and so I can't tell you off the top of my head exactly how many hours worth of continuing medical education we approve, but it's extensive and it's very, very important, particularly at our community hospitals. We presently are in the process of preparing for our next accreditation visit. We currently hold the maximum accreditation of 6 years for continuing medical education accreditation.

**Dr. ARMSTRONG:**

Is there any special process that the Army uses to approve continuing medical education at any given site?

**Dr. POWERS:**

Well, once again we have to abide by the guidelines and the rules by the Accreditation Council on continuing medical education so they have developed their mechanisms to being constant with those guidelines.

If you are just tuning in, you are listening to *The Strength to Heal* brought by the United States Army on ReachMD XM 157, the channel for medical professionals. I am your host, Dr. John Armstrong, and our guest is Colonel and Doctor, Dr. John Powers, Director of Medical Education for the United States Army. We are discussing workforce challenges.

**Dr. ARMSTRONG:**

So you are planning for a healthcare system that's truly global. What are some of the challenges in having the workforce, the physician workforce, to meet that need?

**Dr. POWERS:**

Well, I think the first thing is that our educational effort is presently preoccupied with also supporting the war effort and so we have some additional challenges, may be that some other educational systems don't. I think the other challenge is the fact that we do recruit our people from the United States population with the All-Volunteer Army that's been in place for the last 30 years. The reference of many people to anyone having had military experiences becoming more remote and so therefore being able to have people understand that they really can give something back to the country by participating in our programs or volunteering to come on active duty and take care of people that are military personnel is a bit more of a challenge now than it's been in the past.

**Dr. ARMSTRONG:**

You have to meet the needs of the soldiers and their families in the United States. You have to meet the needs of a mobilized force that's engaged in the global war on terrorism and we are still in many other places around the globe.

**Dr. POWERS:**

Oh, I think the other thing is that history has been that usually it's the medical forces that are the last places to leave in any of the places that we have been and I think that any place that our military goes, our medical corps as such have to deal with any of the medical issues not only for our military personnel but also for the population at that particular location. So I think that one of the challenges and actually one of the benefits of training the military programs is that you get the opportunity to practice a full spectrum within your own specialty and you get to see all the bread and butter things you would normally see because the military personnel comes from all cross walks within American life as well as you get to have a flavor for some other exotic things that you might not normally get the opportunity to be exposed to.

**Dr. ARMSTRONG:**

On the civilian side there is a lot of discussion about workforce planning, a lot of predictions for physician shortages, as the baby boomer population ages, what are some lessons from army medicine workforce planning that might apply on the civilian side?

**Dr. POWERS:**

I think quite honestly the lessons are that you are never quite sure what you are planning for. I think you go in, you take the best information that you have at the time and you plan for that information, however, things are not staying quiescent all the time, they are constantly changing. So you have quite a bit of a moving target. So I think what you do is to make your best estimate. You build your force towards that estimate and then at periodic times you go and reevaluate where you are and try to decide whether you need to make any modifications of the game plan that you originally drew up.

**Dr. ARMSTRONG:**

We have been talking with Colonel and Doctor Dr. John Powers, Chief of Army Medical Education. Dr. Powers, thank you very much for being with us.

**Dr. POWERS:**

Thank you, John.

Thank you for listening to the Strength to Heal on ReachMD XM 157, the channel for medical professionals. The Strength to Heal is brought to you by the United States Army Medical Department, AMED. For more information on this or any other program and to access our on-demand features, please visit us at [www.reachmd.com](http://www.reachmd.com). For more information regarding Army Medicine, go to [www.healthcare.goarmy.com/heal](http://www.healthcare.goarmy.com/heal) to learn more.

When we talk to Captain Ernesto Cardinez, an Ob-Gyn in the Army Medical Corps, we ask him why he chose the Army for his practice. Is that you surprised us. He didn't talk about being given an established practice or not having to worry about insurance, employees, or rent. He didn't say that he enjoyed having the most advanced technology at his disposal or being a member of one of world's largest healthcare systems. Captain Cardinez talked about giving back to the country that had given him so much. He went on to tell us about practicing in a humanitarian mission to his native Columbia and a sense of pride he felt in providing free care to people in need there. A medical career in the US Army or Army Reserve is rewarding on many levels, personal and professional. You can reward your career, your country and your life for a lifetime. Exercise your strength to heal. Visit [www.healthcare.goarmy.com/heal](http://www.healthcare.goarmy.com/heal) to learn more.