

A Measured Approach to Enhancing the Nonclinical Skills of US MDs

The last few months have been busy for US medical educators and workforce experts—there are calls for substantial innovation in graduate medical education (GME)^{1,2} as well as echoes of a looming physician shortage.³ A report by the Institute of Medicine¹ recommended significant changes in GME financing to address the health needs of the nation by, among other things, spurring innovation, and increasing administrative, team-based costs of care, health information technology, and quality improvement knowledge, skills, and activities. At the same time, the Association of American Medical Colleges (AAMC) reissued a statement³ regarding projected physician shortages. The AAMC projects a shortfall of 45 000 primary care physicians and 46 000 surgeons and medical specialists by 2020. These projections are hotly debated given the complexities of predicting supply and demand for the future health workforce.

There also are reports of a gap between new physicians' knowledge and skills and the competencies required for future medical practice.^{1,4} Simply put as a question: Will the medical workforce of today be able to cope with future issues such as rising health expenditure; rising rates of chronic diseases, age-related illness, and antimicrobial resistance; and the health-related consequences of rapid urbanization, social inequality, and global warming? We suggest no. In the future, we believe nonclinical skills will be an increasingly important part of a physician's skills set, including leadership, research, education, administration, management, business, economics, government, politics, law, entrepreneurship, and innovation, as well as systems science and systems engineering.⁵

There are some concerning questions about increasing nonclinical knowledge and skills. First, will increasing these knowledge, skills, and activities exacerbate the existing

physician shortage because more nonclinical education and practice time may reduce time in direct patient care? The amount of nonclinical versus patient care time must be better understood. Data on nonclinical time are included in the AAMC's Physician Supply and Demand Model.⁶ However, projections may change if nonclinical knowledge, skills, and time are further promoted, and physician and nonphysician health providers' roles are modified. Thus, more detailed data describing the type of nonclinical engagement will be of interest. Second, will increased nonclinical skill development adversely affect the development and performance of physicians' clinical skills? At present, the nearest thing to data to answer this question relates to part-time, prolonged clinical training and its effects on performance. Thus, care must be taken when increasing nonclinical knowledge and skill development; further research and a measured approach will be required in efforts to enhance the nonclinical skills of US MDs.

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