AAHPM Special Article

The 2015 Class of Hospice and Palliative Medicine Fellows—From Training to Practice: Implications for HPM Workforce Supply

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Abstract

Context. A relatively new specialty, hospice and palliative medicine (HPM), is unusual in that physicians can enter from 10 different specialties. This study sought to understand where HPM physicians were coming from, where they were going to practice, and the job market for HPM physicians.

Objectives. Describe characteristics of the incoming supply of HPM physicians, their practice plans, and experience finding initial jobs.

Methods. In October 2015, we conducted an online survey of physicians who completed accredited HPM fellowships the previous June. We had electronic mail addresses for 195 of the 243 graduating fellows.

Results. About 112 HPM fellows responded (58% of those invited). The most common prior training was internal medicine (45%), followed by family medicine (23%), pediatrics (12%), and emergency medicine (10%). More than 40% had practiced medicine before their HPM training. After graduation, 97% were providing 20 or more hours per week of patient care, with most hours in palliative care. About 72% devoted more than 20 hours per week to palliative care, whereas only 13% worked that much in hospice care. About 81% reported no difficulty finding a satisfactory practice position. About 98% said that they would recommend HPM to others, and 63% took the time to provide written comments that were highly positive about the specialty.

Conclusion. New HPM physicians are finding satisfying jobs. They are enthusiastic in recommending the specialty to others. Most are going into palliative medicine, leaving questions about how the need for hospice physicians will be filled. Although jobs appear to be numerous, there are practice areas with more limited opportunities. J Pain Symptom Manage 2017;■:■—■.

Key Words

Health manpower, hospice and palliative medicine, job satisfaction, medical workforce, physician job markets by specialty, physician supply and demand

Introduction

The medical specialty of hospice and palliative medicine (HPM) is relatively new. Its role in caring for seriously ill patients, especially the boundary between specialty level care and generalist palliative care, is still evolving,[1] with profound implications for the workforce needed.[2,3] Currently, the prevailing view is that there is a shortage of HPM specialists in the U.S.[4–6] This has led to calls to expand the HPM workforce, through a variety of mechanisms.[7] Yet, looking at the experience of other specialties such as geriatrics and nephrology, it is known that training capacity can exceed the desire of trainees to enter the field.

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To better understand current and future supply and demand and to inform decisions regarding how much more growth would be advisable, the George Washington University (GW) Health Workforce Institute (HWI) in collaboration with the American Academy of Hospice and Palliative Medicine (AAHPM) undertook a survey of the physicians who trained in the specialty in 2014–15. The survey was designed to provide information about who is going into HPM, where they are going after training, and their experience in the job market.

HPM has grown rapidly since it was first officially recognized by the American Board of Medical Specialties (ABMS), the Accreditation Council for Graduate Medical Education (ACGME) in 2006, and the American Osteopathic Association Bureau of Osteopathic Specialties (ABOS) in 2007. The professional path to entering the ABMS-recognized specialty of HPM began with a limited grandfathering period from 2008 to 2012. During this period, physicians who had sufficient work experience in palliative care—but had not taken an HPM fellowship—were eligible to sit for the certification examination. During the grandfathering period, 6487 physicians were certified by the ABMS.[8] After the grandfathering period closed, the inflow of board-certified HPM specialists slowed. The limiting factor was the capacity of the fellowship programs. Beginning in 2013, physicians had to graduate from an accredited HPM fellowship program to gain entry to either ABMS or ABOS board certification.[9] The number of fellowship programs accredited by the ACGME has grown by 66%, from 73 programs in 2010 to 121 as of October 2016, and the number of trainees has more than doubled, from 141 in 2010 to 327 in 2016–17.[10]

Although the pipeline of new HPM physicians has grown very rapidly, little beyond the demographics reported by ACGME is known about current trainees and their early career path. A survey of all HPM fellows from 1997 to 2002 showed that most were entering careers as clinician and educators or full-time clinicians and that most had been satisfied with their training and early career positions.[11] There were 101 possible respondents to this survey from 24 training programs of whom 89 were contacted and 67 responded.

A 2013 survey by Kamal et al.[12] looked at current members of the main medical professional association, the AAHPM. Membership in AAHPM is open to any physician with an interest in HPM and is not restricted to those who are board-certified HPM specialists. Of the 688 physician respondents, 58.6% were board certified through the experiential track, 21.6% through the fellowship track, and 9.5% through the older non-ABMS certification offered by the American Board of Hospice and Palliative Medicine from 1998 to 2006. The study by Kamal et al. hints that entry into the field occurs midcareer for a large proportion of clinicians: 57% of respondents were older than 50 years, yet 67% had practiced hospice and palliative care less than 10 years. Respondents reported a high degree of satisfaction with the choice of palliative care as a career path. When asked "If you could revisit your career choice, would you choose clinical palliative care?" 92.4% would still choose palliative care.

To understand the current pipeline of new entrants into HPM, we surveyed physicians who completed their HPM fellowship in 2014–15. Our goal was to better understand both the characteristics of the incoming supply and the demand and use of HPM physicians through their experience finding initial jobs as HPM specialists. This article reports major findings. Additional details, data tables, and information about other topics, including reported income, are available in the full report, and appendices are available on the Web site of the AAHPM (http://aahpm.org/career/workforce-study).

Methods

As part of a larger study of workforce trends in the HPM specialty, the AAHPM contracted with the GW HWI to survey recent graduates of HPM fellowships. HWI designed the initial survey based on previous experience with surveys of fellows completing training including one that has been in use by the Albany Center for Health Workforce Studies for the past 20 years (Albany Center for Health Workforce Studies, http://chws.albany.edu/). The GW research team incorporated comments from the AAHPM Workforce Committee into the final survey.

There were 243 fellows in ACGME-accredited positions in 2015 (ACGME Data Resource Book, Academic Year 2014–15). AAHPM worked with fellowship program directors to obtain permanent electronic mail (e-mail) addresses for 195 graduating fellows. In October 2015, several months after most fellows had completed their fellowships, GW HWI invited the 195 fellows for whom we had an e-mail address to participate in the survey. An initial informational e-mail was sent by AAHPM, quickly followed by a formal invitation from GW HWI containing an individualized link through the REDCap survey software (Version 6.5.16; Vanderbilt University, Nashville, TN). Several follow-up reminders were sent over a period of six weeks to maximize the number of responses.

Analysis was essentially descriptive. Significance testing using Chi-squared or t-tests as appropriate focused on describing whether trainee characteristics appeared related to the outcomes of experience finding a job and job setting and responsibilities. Cleaning and analysis of survey data was conducted using Stata 13 software (StataCorp, College Station,