New Physician Specializations: Signs of Changes in the Education and Employment of Doctors

Five emerging medical specialties you've never heard of — until now.

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In case you stayed up late on New Year's Eve worrying, you will be relieved to know that the next day the federal government in its entirety began using the revised Standard Occupational Classifications (SOCs) developed by the Department of Labor over a four-year period. Rest easy.

But if you are a physician who works nights or focuses on the health outcomes of peoples' choices of how they live their lives or treats patients from afar using information and communications technology, you may feel a bit left out of the SOC.

Why? Much as is the case for other professions, medicine is changing to reflect a variety of forces and trends affecting doctor training, diagnoses, and treatments. Recently, the American Association of Medical Colleges (AAMC) released a special report with the title of "Five emerging medical specialties you've never heard of – until now"

https://news.aamc.org/medical-education/article/five-emerging-medical-specialties/?utm_source=newsletter&utm_medium=email&utm_campaign=AAMCNews&utm_content=072518

The five are Cancer Immunologist, Nocturnist, Lifestyle Medicine Physician, Clinical Informatics, and Medical Virtualist. And, no, none are included in the 2018 SOC among the 13, unless the catch-all , "Physician, All Other" suffices to soothe one's wounded pride.

But more is involved here than nomenclature or government's often slow process of adjusting to the world of work. Medicine is changing in ways that are worth noting by medical schools, hospitals, and health centers. An example of these changes and their impact are suggested by the work of Dr. Philip Payne, Director of the Institute of Informatics (http://informatics.wustl.edu/leadership/) at Washington University, Saint Louis.

As Dr. Payne notes: "Increasingly, the role of the clinician is to serve as an information manager, integrating multiple streams of data, including those from the EHR, bio-molecular testing, current scientific evidence, patient-reported outcomes, and sensors, and then making sense of that data to arrive at a diagnosis or treatment plan."

He further states: "This means we need to prepare clinicians to use optimal information retrieval and analysis methods in order to increase their efficiency and decrease sources of bias or error. These information retrieval and analysis methods represent a new type of competency that all clinicians will need to master during their training."

In a similar vein, Dr. King Li, inaugural Dean of the Carle Illinois College of Medicine, a collaboration between the Carle Foundation and the University of Illinois with the express purpose of establishing an engineering-based medical school (https://medicine.illinois.edu/) asserts: "Many of the emerging medical specialties leverage heavily on engineering and technology. Engineering and technology-focused medical schools are needed to provide the necessary human resource required to fuel this revolution".

Dr. Li's last point is an important one. Technology, engineering, and alternative work formats cannot become ends in themselves: they serve best to enable improvements in diagnosis and care and, ultimately, the health and well-being of the patient. Asked why she chose to work as a nocturnist at Boston Children's Hospital, for example, Dr. Sarah Henry responded in the AAMC special report: " The hospital at night is a different place than during the day. . . . There aren't the meetings and conferences and people coming and going. It's a leaner, more simplified environment where I can focus on patient care and spend more time with families. That's something I really value."

Similarly, the case for a lifestyle medicine physician specialization is a pragmatic one very much influenced by the knowledge that much of current healthcare costs is a function of chronic diseases that are themselves a result of lifestyle choices.

Recruiting for these and other medical specialists may be a challenge for hospitals and medical schools just as searching was difficult in the early days of the information technology revolution. The story goes that in 1998 the president of a 106-year old company was prodded by other members of his family who also worked in the company into hiring a new executive position with the title of Vice President of Computers and Their Networks. A small group came together, hired a search firm who recommended five candidates, among whom one was recommended for the president to meet.

The president eyed the candidate with more than a bit of skepticism and asked, "Tell me, exactly what do you think this job is that you're being considered for?"

Sensing the skepticism, the candidate responded, "We, sir, I am the person who will keep information flowing throughout this company. That's why I'll do."

The president paused before responding, then said, "Thank you for coming in. It's been interesting meeting you." At which, the bewildered candidate rose and left.

Members of the small group who screened the candidates rushed into the president's office. "What's the problem, Dad? He was only with you for maybe two minutes!"

The president eyed the group with scorn and said, "We don't need another gossip here and plumbers work a whole lot cheaper than he would."

It will take time for the Department of Labor to catch up with the new specializations of physicians for the Standard Occupational Categories and, likely as not, still more new may well have emerged by that time. One suspects it will take less time for medical schools and healthcare centers, probably because those organizations are the ones that identify the need for new specializations. But finding the persons to occupy those specializations will be a challenge.

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