Creation of an Advisory Group for Physician Workforce Studies in Obstetrics and Gynecology


OBJECTIVE: A projected shortage of obstetrician-gynecologists prompted us to query other major national medical and surgical organizations about internal efforts to examine their specialty’s physician workforce needs.

STUDY DESIGN: We sought the experience of the top 20 academies, societies or colleges of those medical or surgical specialties. Each organization had approximately 10,000 or more physician members. Those identified as being the most knowledgeable about physician workforce efforts in their specialty were asked to electronically complete a 14-question survey about the existence, structure and function of any workforce office or advisory group in their specialty.

RESULTS: Each organization responded to the survey. A task force, permanent committee or office (in large organizations) was formed to ascertain their specialty’s workforce needs and projections. The results prompted the Executive Board of the American Congress of Obstetricians-Gynecologists to approve in July of 2010 the creation of an advisory group to conduct research and inform members about trends that affect the obstetrician-gynecologist workforce nationally and in individual districts.

CONCLUSION: In response to the potential shortage of obstetrician-gynecologists, an advisory group was approved by the American Congress of Obstetricians and Gynecologists to undertake workforce studies. (J Reprod Med 2012;57:95–97)

Keywords: forecasting, obstetrician-gynecologist, physician shortage area, projections, workforce.

Over the past several years a growing number of states have reported physician shortages or anticipated shortages in the next decade. Likewise, at least 18 medical and surgical specialties reported current or likely future shortages.1 Obstetrician-gynecologists (ob-gyns) are not an exception, with nearly 14,000 additional ob-gyns being needed by 2030.2 This concern prompted us to query other med-
ical and surgical specialties about the specialty’s approach to understanding its workforce needs. We sought the experience of the top 20 academies, societies or colleges of those medical or surgical specialties. These organizations each had approximately 10,000 or more physician members (Figure 1). The names of those who were most knowledgeable about physician workforce efforts in their specialty were provided a 14-question survey about the existence, structure and function of their specialty’s workforce office or advisory group. The survey was written after review of reports describing the roles and responsibilities of successful advisory committees. Each survey was sent electronically in October 2009. If the survey was not returned, a reminder was sent and, if necessary, a personal interview was conducted by telephone.

Responses were received from all organizations. Each had some form of workforce group, either as a permanent committee or as a recent or current task force. The committees or taskforces were freestanding. Funding was from the organization’s operational budget and not from vendors, foundations or other sources. The size and composition of the committee or task force varied widely but usually included nine or more physician members. The committees or taskforces represented both specialists or subspecialists and different geographic re-
gions. The frequency of meetings varied from two annual meetings to a single 1–2 day meeting, supplemented with teleconferences.

Despite the diverse interests of these groups, they provided similar views about the rapidly-changing reform in health care. Activities of a workforce group in these organizations included (1) examining the present and projected workforce needs in their specialty, (2) advocating for the specialty in health care policy and (3) strategizing on emerging issues. Recurrent issues were as follows: the impact of health care reform on the organization, recruitment of medical students into the specialty, funding to retain or expand residency/fellowship training programs, collaboration with government and other medical organizations about workforce policies, shortages and maldistribution of specialists and subspecialists, physician re-entry into the workforce, and changes in practice patterns (team models, part-time work, diversity, generational issues).

Recognizing these results, on July 10, 2010, the Executive Board of the American Congress of Obstetricians and Gynecologists (ACOG) approved the formation of an advisory group for workforce studies and planning within the Division of Fellowship Activities. Members of different offices at ACOG would work together in advising through conducting studies and formulating recommendations. A standing committee or task force might be formed later. Objectives of the group were to conduct research and document the current and projected number of actively practicing obstetrician-gynecologists, to examine differences in practice patterns and to advocate for public policies toward a more optimal yet realistic delivery of women’s health care.

Initially, the advisory group will be asked to undertake a systematic collection and analysis of the current workforce of obstetrician-gynecologists using national data sources. Findings from this investigation will be disseminated this year, then updated and republished every few years to track trends. Reports of special interest pertaining to work related issues (part-time work, job sharing, physician re-entry, use of nonphysician clinicians) will be presented periodically to the ACOG Board and at District meetings, then published regularly on the ACOG website and in peer review medical journals.

In summary, results of this survey of other large groups of physicians indicate that an advisory group is needed to investigate reasons for and means to correct any impending shortage of obstetrician-gynecologists. Conclusions from data-driven reports generated by this advisory group should improve awareness about access to care and delivery of women’s health care, workforce planning and policy development at national, regional and state levels. Additional benefits to creating this advisory group will be to establish partnerships with relevant organizations interested in physician workforce issues and better monitoring of factors likely to impact future supply, demand, distribution, and practice patterns of obstetrician-gynecologists.

References