

# *Aerospace Medical Association*



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Accreditation Council for Graduate Medical Education  
Preventive Medicine Residency Review Committee  
Suite 2000  
515 North State Street  
Chicago, IL 60654

Dear Committee Members,

Thank you for this opportunity to comment on the proposed changes to the Preventive Medicine Residency requirements. We applaud your efforts to improve the composition and quality of graduate medical education in Preventive Medicine. The Aerospace Medical Association is the largest, most-representative professional organization in the fields of aviation, space, and environmental medicine. These changes will have a tremendous impact on the broad field of Aerospace Medicine, the specialty of Aerospace Medicine and the careers of our members.

The increased emphasis on clinical training is a very welcome development. Most of our Aerospace Medicine training programs have felt for some time that the previous clinical requirements were insufficient for residents without previous clinical residency training. As a result, they independently addressed this by adding years of training or developing combination programs with other specialties. Your efforts to improve these requirements will bring all programs up to the same standard and, most importantly, improve the clinical care provided by future specialists in Aerospace Medicine.

Aerospace Medicine is an atypical specialty in that most Aerospace Medicine specialists are already residency-trained/board certified in another specialty and have often been practicing aerospace medicine for several years before they enter their Aerospace Medicine residency. We ask that your proposed requirements acknowledge this. It would be beneficial to have an explicit policy to address those who are already board certified in one of the primary care specialties or general surgery. We recommend that prior clinical training for primary care and general surgery board certified physicians be recognized by specifically permitting program directors discretion in applying the additional clinical requirements in these cases. Additionally, many residents enter their program with an MPH or equivalent degree; the residency requirements should address how the residency directors should manage these residents. If

they have already completed the five required courses as part of a previous degree, there is no benefit in repeating them. (lines 1260-1262)

Aerospace Medicine grew out of a drive to improve the safety of aviators, thus it is a medical specialty with a population focus. The five core courses in the proposed requirements will be insufficient for the development of the population-focused competencies required of a specialist in Aerospace Medicine. The population focus residents develop in the Aerospace Medicine residency parallels the patient focus they develop in medical school. An MPH or an equivalent degree is essential for Aerospace Medicine specialists to gain that population focus. Unfortunately, we feel that implementation of this change will have detrimental effects on the development of that population focus as well as the competence of future Aerospace Medicine specialists. (lines 70-71; 108-112; 534-541)

The following were removed from the scope of Aerospace Medicine practice "Support personnel who are required to operate such vehicles". This removes core Aerospace Medicine populations such as air traffic controllers and maintenance personnel. We request that these be built back in. True practice of Aerospace Medicine includes care for these groups as individuals and as a population. Care for the health and safety of aircrew, passengers, aeromedically transported patients and members of the public affected by mishaps is compromised without inclusion of the support personnel. (line 27)

Thank you for the opportunity to comment on the proposed changes to the Preventive Medicine Residency requirements.



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