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Shortage of Endocrinologists Expected to Get Even Worse

BY JANE ANDERSON
Contributing Writer

Practicing endocrinologists are in short supply in many areas of the country, and the situation only has worsened since a 2003 study that showed the national supply to be 12% lower than demand, according to several experts.

There are no easy solutions to increase the number of endocrinologists in practice, they say, because the problems are deeply embedded in the nature of the specialty and encompass issues involving training, satisfaction, and reimbursement. Because of these problems, fewer young physicians are entering the specialty, while some older physicians are choosing early retirement.

This shortage may reach a critical stage

over the next few years, with diabetes and obesity cases on the rise at the same time that many doctors are retiring.

"The crisis is not getting any better," said Dr. Helena Rodbard, an endocrinologist in Rockville, Md., who cowrote the original study. "At the time, the data showed there was a 12% shortage of endocrinologists, and it was projected to only keep growing." She estimated that the shortfall could be 15% or greater now.

Dr. Hossein Gharib, professor of medicine at the Mayo Clinic, in Rochester, Minn., and past president of the American Association of Clinical Endocrinologists (AACE), went even further. He estimated that there are about 5,000 practicing endocrinologists in the United States, and "to double that would be a reasonable number. If we had 10,000 endocrinologists, every one of them would be busy and would have a full practice."

Dr. Gharib said that the shortage of practicing endocrinologists is felt the most keenly in the Midwest. "Jobs for endocrinologists are plentiful, although the east and west coasts and urban areas are fairly well supported." He said new endocrinologists finishing training programs can easily find more work than they can handle if they move to a midsize Midwestern city.

And Dr. Herbert Rettinger, professor of clinical medicine at the University of California at Irvine and vice president of the California AACE chapter, noted that the patient load is increasing while the number of endocrinologists is decreasing.

"The population we serve has increased dramatically with the advent of obesity, and with the fact that we are much more astute in finding diabetes," he said.

The original endocrinology workforce study looked at the balance between supply and demand of practicing endocrinologists between 1999 and projected through 2020. The study found that there were 3,623 adult endocrinologists in the workforce in 1999, of whom 2,389 (66%) were in office-based practice (J. Clin. Endocrinol. Metab. 2003;88:1979-87). Many were older; the median age was 49 years. The study also found that the number of endocrinologists entering practice fell continuously from 1995 to 1999.

"I think it's extremely attractive, but it is an intellectual pursuit," Dr. Rodbard said. "It's not a big moneymaker. We have very few procedures."

Added Dr. Rettinger: "Each patient requires a lot of work and a lot of insight. Reimbursement is less for our subspecialty. The specialty is attractive to those of us that are already here, but it may not be as attractive to those we're trying to draw in."

And that's a big part of the problem. According to data on the Web site of the Accreditation Council on Graduate Medical Education, there are 123 endocrinology programs, with a total of 564 slots. Of those slots, 507 were filled—leaving about 11% empty.

"The more competitive programs—the better ones—have more than enough candidates," Dr. Rodbard said. These include programs at Albert Einstein College of Medicine, Mount Sinai School of Medicine, Massachusetts General Hospital, and UCLA Medical Center, she said.

However, the "second tier" programs often have empty slots, she said, adding, "The key factor is limited reimbursement." Medical students graduating with tens of thousands of dollars in debt may believe they need to go into a higher-paying specialty, she said.

AACE has begun reaching out to medical students and has developed a brochure to "show them early on that endocrinology is a good specialty," Dr. Gharib said.

However, one factor that could be negatively affecting the number of new doctors choosing endocrinology is the trend for endocrine training programs to add a year of pure research to their 2-year programs, Dr. Rettinger said. "For someone who's interested in clinical practice, the year in the lab may not be attractive," he said.

To boost numbers of practicing endocrinologists, leaders recommend educating medical students about the specialty and streamlining training programs. But they also stress that action needs to be taken on decreasing disincentives to enter and stay in practice.

Because of declining reimbursement and increasing hassles—problems common to many specialties that do few procedures—older endocrinologists are becoming disillusioned and are leaving.

"Many endocrinologists are retiring at age 60 or 65 because of the hassles of practice," Dr. Gharib said. Added Dr. Rettinger: "A lot of older endocrinologists are leaving the field earlier than they might otherwise because of paperwork hassles."

With endocrinologists in short supply, internists and family physicians are stepping in to take up the slack in treating patients with diabetes, hyperlipidemia, and obesity, Dr. Gharib said. But that doesn't always lead to optimal care, he said.

Dr. Rettinger admitted there are no easy answers to increasing the number of endocrinologists. However, he said, making changes to training programs to eliminate mandatory research could help, and continuing to have a strong advocacy group will help educate payers and lawmakers and could lead to improvements. ■