

REFLECTIONS IN FAMILY MEDICINE

Philadelphia Mayor Frank Rizzo Was Responsible for My Becoming a Family Doctor

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Advising thousands of medical students regarding their career choices over the past 45 years, I often say that their initial decisions will point them in the general direction they are heading toward, but not the specific place they will end up. Based on who they are, their initial dreams, their family and personal background, and their experiences to date, they are already heading toward 1 corner of the room, for example, an upper corner near where 2 walls meet the ceiling. By that, I mean that they know they are not likely headed toward other corners, for example, law, business, engineering. And perhaps they have narrowed things to a few large specialty areas, for example, surgical versus nonsurgical, or primary care vs subspecialty care. Or even a specific specialty. But this “career corner” is still a large area, and the specific place where their career will eventually end up will also depend on future experiences, people they will meet, mentors, external events, and serendipity. This pattern is common for most of us, in our careers and in our life.

Near the end of my final year of pediatric residency training, in the middle of which I had volunteered for 2 years doing general medicine in the Indian Health Service (IHS) of the US Public Health Service, I started to search for what I would do next, my first real job as a pediatrician. I

accepted a position as a junior attending physician in the outpatient department at St. Christopher’s Hospital for Children, the main clinical site of the Pediatrics Department of Temple University School of Medicine. It was also the hospital where I had done my own residency. It was a great opportunity, and I was excited about starting my medical career there. I would be able to see patients, many of whom were underserved, alongside a cadre of wonderful and dedicated health care professionals. I would also be teaching pediatric residents and medical students.

However, a few months before completing my residency, the senior physician who had hired me called to tell me that the funding for my position, which had initially seemed secure, had suddenly become less so. The outpatient department had been supported for some time by the federal Model Cities Program; however, that program had been phased out, and funding was now dependent on the City of Philadelphia. And Mayor Frank Rizzo was holding up that funding as a political issue. I was told that the position would “most likely” end up being funded, but there was no longer a guarantee. And it may be weeks or months before this would be resolved.

This news obviously left me concerned about whether I would have a job, even more so since my wife and I had 2 young children. So I immediately began to look around at my options. I happened to ask the advice of a senior pediatrician I had recently met, who was on the faculty at the newly established Department of Family Medicine at Jefferson Medical College. When I called him, he said: “Funny thing, I just this week decided to leave Jefferson to become the Chair of Family Medicine at an affiliated family practice residency program. So there is a need for someone to replace me! Why don’t you come down and talk to the Chair here, Dr. Paul Brucker.” So I did.

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Dr. Brucker told me that they had recently started the Department of Family Medicine 3 years prior, with himself (one of the most respected general practitioners [GPs] in Philadelphia, who was also one of the first cadre of GPs who met the requirements for board certification in the new specialty of Family Practice), as well as a general internist and a general pediatrician. They had recently added another general practitioner and 2 more general internists. With the pediatrician now leaving, they were looking for someone who could replace him in that role, but with my background of also having worked for 2 years in the IHS doing general medicine (including caring for patients of all ages in the ambulatory and hospital settings, as well as doing obstetrics), he said that I could be a great fit. I was extremely impressed with Dr. Brucker, with his vision of the health care system, the new specialty of family medicine, the medical school, and the Department. When he offered me the faculty position, I accepted with enthusiasm. It seemed to offer me the same opportunities of caring for a largely underserved population, teaching, and being with other like-minded and committed generalists. It also seemed like a wonderful opportunity to help build a new academic Department and a new specialty dedicated to improving the US health care system.

During the 1950s and 1960s, the shortage of primary care physicians had become a huge problem in the US. GPs were fading from the scene as the older generation was retiring and almost all new physicians were becoming specialists. National commissions recommended that more generalist physicians needed to be trained to meet the public's needs. This led to the creation of the specialty of Family Practice in 1969. This happened during my second year of medical school. There were no family physicians on my medical school faculty, and I do not think that any of my 1971 medical school classmates took a family medicine residency. I do not even remember anyone mentioning this news, nor being aware of it until my final year of residency in 1976.

As most of the American Board of Medical Specialties (ABMS) members started out with an initial cohort of already practicing physicians, few of whom had taken formal residency training nor gone through the board certification process, they were considered to be 'grandfathered' into their specialty. When family medicine became the 19th

ABMS specialty, they were the first to add the requirement that all currently practicing GPs must also pass the certification examination to be grandfathered. This grandfathering process was necessary at the beginning of the new specialty of FM, to quickly establish a cohort of established FPs, including those needed for medical school and residency faculty. Family Practice allowed for this 'practice' route toward certification for the first 10 years of the specialty, after which only residency trained FPs could sit for the FP boards.

When I joined the DFM at Jefferson in 1976, my clinical role included caring for patients of all ages in the outpatient setting, half of whom were children. I was also responsible for the care of all children in our practice who were hospitalized, while my faculty colleagues shared the inpatient care for adults. I had educational responsibilities as Director of our required third-year FM clinical clerkship and fourth year elective rural preceptorship, and as Director of Jefferson's recently established rural Physician Shortage Area Program (PSAP, an admissions and educational program with a goal of increasing the supply and retention of rural family physicians). As part of the PSAP, I also joined the Jefferson Medical College Committee of Admissions. Over time, I also directed research on the outcomes of the PSAP, which became recognized as a national model.

Soon after joining the faculty, Dr. Brucker encouraged me to sit for the ABFM examination given my IHS practice experience, which I passed in 1977 to become board certified in family medicine (in addition to pediatrics). The ABFM was the also the first ABMS specialty to have time-limited certification, and I recertified 5 times throughout my career. A few years later, Dr. Brucker nominated me to write questions for the ABFP examination. Over the next 5 years, 9 of that original cohort of 50 question writers continued to meet yearly for this and other ABFP tasks (such as helping the Board to set the pass-fail cutoff for the examination). Dr. Nicholas Pisacano, Executive Director, of the ABFP from its inception in 1969 until 1990, began to refer to us affectionately as Nick's Nifty 9. When the ABFM started its own research journal in 1986, the *Journal of the ABFP* (*JABFP*, now *JABFM*), I was asked to join the inaugural editorial board. Then in 1988, I was elected to serve as 1 of 15 members of the ABFP Board of Directors. In 1992, I was elected as ABFP Board President, 1 of

the last nonresidency trained family physicians in that role. After Dr. Pisacano died, the Board set up a foundation in his honor, the Pisacano Leadership Foundation, to support young family physicians in their careers, and I was asked to join that Foundation Board and serve as Secretary.

So I became a family physician, and eventually had opportunities to serve in leadership roles in the specialty, none of which I could have imagined or

predicted when I initially decided on being a pediatrician when I graduated medical school. External events and yet unknown individuals played a major role in my career, including the creation of the new specialty of Family Medicine, the lifelong mentorship of both Paul Brucker and Nick Pisacano, and the serendipity of Philadelphia mayor Frank Rizzo withholding of funds from the Model Cities Program.