

By the time this issue reaches the reader, each Diplomate of the American Board of Family Practice will have received a personal letter from me stating that, having attained the age of 65 and after 25 years of daily grinding for family practice, I have requested of our Board of Directors that I be allowed to "decompress" and start to pursue some personal interests that for a major portion of my life have been neglected. As of January 1, 1990, the Executive Directorship will be in the extremely competent hands of a great family physician and friend, Paul R. Young, M.D. Paul has been with the Board full-time for the last 18 months and is now ready and capable to assume the administrative duties pertaining to this office. I will stay on as Secretary of the Board as well as Executive Editor of the *Journal* for the next 5 years. I will also be devoting a good bit of my time to the pursuit of international activities in family practice.

Working for this Board and for all of family practice has been an honor and a privilege that cannot be expressed in words. Suffice it to say: "Thank You" to all of you. To those who were supportive in your own (and oftentimes quiet) way, I am extremely grateful. To those few who are not too enthusiastic about what we do, thank you, too, for as my grandfather taught me, the knife gets sharper with friction — I thank you for the friction. We will continue to strive to make this specialty all it deserves to be for the American people as well as for those future family doctors who may not even be in medical school yet. With the likes of Paul Young at the helm, our way will continue to be forward and headed toward the ideals that we have always held — to promote health through the training and nurturing of family physicians to practice comprehensive and competent care.

One of the innovations of this Board of recent note has been the creation of a pilot program at the University of Kentucky in cooperation with and the sanction of the American Board of Family Practice. This program consists of three fourth-year medical students, committed to family practice as a career, who will complete all requirements of the G-1 (first year) graduate edu-

cation in family practice residency, while at the same time satisfying all the fourth year curricular elements required for the M.D. degree at the University of Kentucky. If successful, after 1 year they will be allowed to enter G-2 (second year) of the University of Kentucky's family practice program and simultaneously receive their M.D. degree.

These students were carefully selected — all of them have superior accomplishments and are willing to work much harder than the average fourth-year medical student. They are being carefully evaluated periodically by the faculty of the school as well as the residency program.

If the program, after a few years, is successful, some schools may want to adopt a similar plan. The reasons for the program are basically twofold. Many of us who have been involved in undergraduate medical education over the past several years realize that much of the fourth year, particularly electives, is spent by students pursuing preselected procedural or nonbedded specialty courses at the cost of experiences in general (primary care) medicine. Some of us believe this is due to the disregard of the medical schools (in spite of the need) for a better generally "trained" medical graduate sought by all specialties. It is interesting to note that after the abandonment of the rotating internship, many specialties cried out that they were receiving graduates into their specialties with a lack of general basic education, e.g., physical diagnosis. Thus, the "transitional year" was created, a sort of brummagem rotating internship. This in effect was graduate education paying off the debts of medical school deficiencies. It simply doesn't make sense.

We hope that this pilot program will stimulate medical educators to acknowledge this, as is already occurring now with some of the more highly placed educators. This is not to say that the University of Kentucky-ABFP program is the answer to anything. It is merely a pilot program. It will be for a select few who must be committed to family practice, and it will not be for any student who is

not mature or committed to extra work. Many students will need 4 years of medical school plus 3 years of residency. (Indeed, there are those who need even more.) But there will be some students for whom this may be ideal. We make no claim except that we are trying to do something, with definite goals in sight, to a stagnant and ankylosed system.

It is also possible – *if* successful – that it may lure more bright, mature medical students to family practice. We pray that it will be successful, and if so, we will document it. Should it not be successful, *Deus avertat*, then we will document the failure.

Editor's Note

We express our appreciation to the following persons who served as reviewers for 1989.

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