Correspondence

We will try to publish authors' responses in the same edition with readers' comments. Time constraints may prevent this in some cases. The problem is compounded in the case of a bimonthly journal where continuity of comment and redress is difficult to achieve. When the redress appears 2 months after the comment, 4 months will have passed since the original article was published. Therefore, we would suggest to our readers that their correspondence about published papers be submitted as soon as possible after the article appears.

Recruitment to Family Practice Residencies

To the Editor: I am not one to complain . . . it was once tradition for those residencies seeking medical school graduates to pride themselves on experience and curricula that best prepared their physicians for a career in family practice. Applicants eagerly sought programs that could make this commitment. Good programs had very little difficulty filling positions. Of course, this was at a time when there were fewer programs and an abundance of applicants. Recruitment strategies only needed to concentrate on highlighting the adequacy of the hospital, the staff, and the faculty's dedication to excellence in education and teaching, a philosophy that is becoming less of a priority as we face a rather frightening dilemma of declining interest in family medicine. Students are abandoning our specialty for the more lucrative ones. Programs are being forced into subtle but dramatic approaches to recruitment that are difficult to digest. Where, at one time, they touted their educational merits, they are now touting incentives, an approach that I believe may become an unpleasant "bidding war" for the limited numbers of graduates. A colleague (Dr. John Beasley, University of Wisconsin Medical School), after having attended a meeting of the Ohio Academy of Family Physicians, remarked in correspondence that "we are looking at a very competitive atmosphere," and "the ante is going up." He coined what may be happening as "negative competition."

I am not opposed to competition; it can serve as a stimulus to provide excellence in education. It goes awry when it develops into a battle with bigger and better incentives designed to entice candidates, and this I strongly oppose. Overzealous competition, based on incentives, may harm good programs that are walking a tightrope of financial restraints and cause their closure because of inability to compete at the same level as those who are better financially endowed.

I had the opportunity to attend the recruitment day session at the National Congress of Family Practice Residents and National Congress of Student Members and observed the new direction that residencies are taking in order to promote their programs. Simplistic displays and brochures, which heretofore were typical, have given way to elaborate, designer presentations. More programs than ever before were represented and, from all appearances, each attempted to outdo the other. At first I believed I was at a national medical meeting and pharmaceutical companies were promoting their products. No longer was a bowl of M&Ms™ or miniature Snicker's Bars™ the order but rather an amazing array of "freebies," including assorted logo T-shirts, sunvisor hats from Florida, logo drinking glasses and mugs, plastic water bottles (which seem to be in vogue nowadays), backpacks, pens, pencils (some in the shape of crutches), fruit, food, and all sorts of gimmicks.

I really find it difficult to fathom the need for family practice residency programs to resort to this type of marketing tactic. Perhaps I might better accept it if I knew that these promotions did not go beyond "give-aways," but I fear that it may be a preview of what will, and may already be, occurring—escalating salaries, free housing, free meals, moving expenses, minimal call schedules, paid call nights, signing bonuses, promised positions. It seems we are on our way to a "bidding war" or "negative competition." Let's not kid ourselves that these things are not important to the students. I overheard a conversation between two students in which one expressed that he was seeking a program that paid the best, had the fewest calls, allowed moonlighting, and, lastly, provided some education. I guess priorities do change, but should we allow it to happen?

I believe each of us needs to look seriously at this approaching dilemma, discuss it honestly and openly, and develop ethical guidelines to be applied to recruitment practices so that all are on equal ground. I can appreciate that this is a matter of supply and demand, but, nonetheless, I do not believe we should compromise principles to satisfy filling positions. The American Board of Family Practice (ABFP), the Residency Review Committees (RRC), the National Residency Matching Program (NRMP), and a volunteer body, such as the Society of Teachers of Family Medicine (STFM), need to take an active role in developing guidelines for recruitment. It is prudent that we all become involved so as to avoid "negative competition," which could conceivably be the ruin of some good programs. We need to market the things that we are good at — family medicine education.

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