Expansion of Training in Family Medicine

To the Editor: I would agree with Dr. Colwill[1] that expansion of training in family medicine has some limits, but based on our experience here in Lancaster City and County and my own belief that family practice as a specialty has much greater utility in meeting the primary health care needs of the great majority of people living in not only rural America, but even in semirural and other parts of our country where populations are more dense, the projected need for family physicians is modest at best. Indeed, because of the broad scope of family practice, its training and educational program content, and its ability to manage the vast majority of health problems that people experience in an entire lifetime, we will need more than two thirds of our nation's physicians in primary care and most of them should be in family practice.

I would suggest that we should aim to have one half of our graduates in family practice residency training as we enter the 21st century. If the number of medical school graduates is reduced to 15,500 by the year 2000 and 14,100 by the year 2010, as the AAFP Workforce Reform suggests,[2] then we will need no fewer than 5000 1st-year residency positions in family practice and probably nearly 500 residency programs. The newest recommendations of the AAFP project a conservative 33 family physicians (MDs) per 100,000 population. I think it would be feasible to have 50 family physicians per 100,000 population. In Lancaster County we have had more than 50 family physicians per 100,000 and could use many more. In addition, there are more than 15 Doctors of Osteopathy general practitioners per 100,000 population and 7 nurse practitioners or physician assistants per 100,000 population, and there are no signs of saturation in these areas despite 33 percent managed care penetration (including Medicaid).

I would like to see a pool of generalists in this country approaching what we see in countries like Great Britain, where three fourths of its physician pool are general practitioners. Hence, I am encouraged to see states like Massachusetts increase its family practice pool eightfold.[3] I applaud the efforts and the successes that we now see in Massachusetts.

Even in our own state of Pennsylvania, where we now have departments of family practice at Temple University, Jefferson Medical College of Thomas Jefferson University, and Pennsylvania State University College of Medicine, Hershey, new departments have been established at the Medical College of Pennsylvania-Hahnemann and the University of Pittsburgh. We also have seen a marvelous change at the University of Pennsylvania whereby the medical center has made a major commitment to establish a new department of family practice as well as create a huge network of primary care practices. In the meantime, Temple University is undergoing a major internal restructuring to create a better and stronger department. In Pennsylvania we have also seen four new programs and larger residency programs within the past 3 years and witnessed an increase in the number of programs from 29 to 33 and the number of 1st-year residency positions from 174 to more than 250. Although the fill rate has been disappointingly low in recent years, the level of interest in family practice from Pennsylvania schools has nearly doubled this year so that the fill rate was more than 90 percent, up from 75 percent.

Hence, I can see where the needs in Pennsylvania can ultimately be met to a large extent by the graduates of our own Pennsylvania programs. The newly established Area Health Education Center (AHEC) and the Pennsylvania Department of Health generalist physician initiatives will serve to facilitate this goal.[4] If we go one step further and assure that the new market force incentives are at least as attractive in rural areas as they are in urban areas, then the primary care needs of rural America will be met with even greater certainty.[5]

These are encouraging times, and indeed, it is about time. The interest in our specialty is determined to a large extent by market forces and not by any new philosophical commitment to our specialty. Nonetheless, the new paradigm is now in place, and we should have little difficulty in meeting the serious primary care physician shortage we have been talking about for more than 40 years.

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References

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