Ex Concilio

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The American Board of Family Practice has now completed 20 years of existence. Considering our accomplishments, we stand proud but humble. To think that when we began the specialty "movement" well over 25 years ago, it seemed that all but a few were against creating the specialty and the specialty board. Even our own Academy, by overwhelming votes in two consecutive Congresses vetoed the idea of the specialty board in the early 1960s. The original 10 incorporators of the American Board of Family Practice were dismayed, and many of the 10 were ready to abandon the idea. Nonetheless, several intransigents continued to pursue the idea and finally prevailed. In 1965 the American Academy of General Practice voted to support the idea and later on changed its name to the American Academy of Family Physicians.

The details of this history are interesting and intriguing and will be written for posterity soon, because factual history often gets revised by those who never participated in it.

Even with the powerful American Academy of Family Physicians behind the concept, we met with various obstacles and obstructions from outside, but after 4 years with the Academy strongly supporting us, we became (1969) the 20th primary specialty in America. Today the specialty of Family Practice is the second largest producer of Diplomates among the 23 specialty boards and has been for the past several years. We have more than 7000 residents in training in over 380 programs. Hence, what was an almost totally unwanted specialty now looms as the primary specialty of "primary care" specialties.

We have a lot to be proud of, but not for one moment do we rest easy; there is so much yet to accomplish. Although we believe we have the clinical respectability, which was one of our primary goals established back in 1969, our secondary goal of academic credibility in medical schools across the nation is still found wanting. We want to work closely with other members of our "family" (AAFP, STFM, and ADFM) to gain more academic credibility; we will make it in due time.

Recently, several national meetings concerning the shortage of generalists and other issues surrounding primary care have taken place, and we are beginning to hear a theme, which we have been piping for over 3 decades: we need to train our students more in the ambulatory setting. Utilizing the famous Kerr White, et al. statistics,[1] we wrote back in July 1970 an article in *JAMA*,[2] that since only 1 of 250 patients seeking the services of a physician wind up in a university hospital and only 9 of the same 250 patients wind up in *any* hospital at all, why is most of the medical training taking place in hospitals when in fact 241 of 250 patients are seen in the ambulatory setting?

Today we hear around the country from educational illuminati that "family practice is doing it right." Ambulatory care, our song for decades unheeded, now is on the hit parade. There is currently a spirit of more cooperation among the specialties, and it appears that family practice has been earning its well-deserved place in American medicine. We still have some way to go, but we must not destroy all of the good we have accomplished by being arrogant or priggish. We must work together within and without the "family." We will not concede anything that compromises our basic goal of providing the best primary medical care to the public. However, as a high principled specialty, we must be prepared to accommodate when it is clearly *pro bono publico*.

Yes, we *are* doing it right. With patience, prudence, and directed vision, we will be the premier specialty of primary care.

References

1. White KL, Williams TL, Greenberg BG. The ecology of medical care. N Engl J Med 1961; 265: 885-92.
2. Pisacano NJ. Generally speaking. JAMA 1970; 213:432-3.