POLICY BRIEF

Clerkship Rotations Are a Key Driver of Family Medicine Choice: Insights from the 2024 National Resident Survey

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The impact of medical school clerkship rotations on specialty choice is assumed but unknown. A 2024 survey of first year Family Medicine residents revealed that 37% Doctor of Medicine (MD) to 43% Doctor of Osteopathic Medicine (DO) chose Family Medicine during their core clerkship rotation. This underscores the pivotal importance of earlier clinical experiences in shaping future family physicians' career choices and highlights the potential positive impact of required clerkship experiences in addressing primary care physician shortage. (J Am Board Fam Med 2025;38:1136–1137.)

Keywords: **Family Medicine, Undergraduate Medical Education, Workforce**

Family Medicine (FM) is a cornerstone of primary care, essential for addressing the health needs of diverse populations. Despite its importance, the United States faces a persistent shortage of primary care physicians, partly due to a lower number of medical students choosing this specialty.[1] While the absolute number of students matching into Family Medicine from Doctor of Medicine (MD) and Doctor of Osteopathic Medicine (DO) granting institutions are similar, the proportion of DO students choosing Family Medicine is double the rate of MD students.[2] Understanding the factors influencing specialty choice, particularly the timing and experiences that lead to a decision, is crucial for developing effective recruitment strategies. The impact of medical school clerkship rotations on specialty choice has long been emphasized, but little quantified.[3] Previous studies have identified a host of factors influencing this decision, including rural background, socioeconomic status, career intentions at entry to medical school, and the influence of faculty role models.[4,5] Our objective was to determine when current first year residents (PGY1) chose Family Medicine.

The American Board of Family Medicine (ABFM) administered the National Resident Survey (NRS) to all Family Medicine residents who took the ABFM In-Training Examination (ITE) in October 2024. PGY1 residents were asked "When did you choose family medicine as your specialty?" We performed bivariate analyses by degree type. This study was approved by the American Academy of Family Physicians Institutional Review Board.

Of the 5266 PGY1's who took the ITE, 5242 responded (Response Rate 99%). Overall, 39% reported that they chose FM during their core clerkship year. This was higher for DO residents (43%) compared with MD residents (37%), whereas MD residents were more likely to report choosing family medicine after the core clerkship year (20% vs 12%) (Figure 1).

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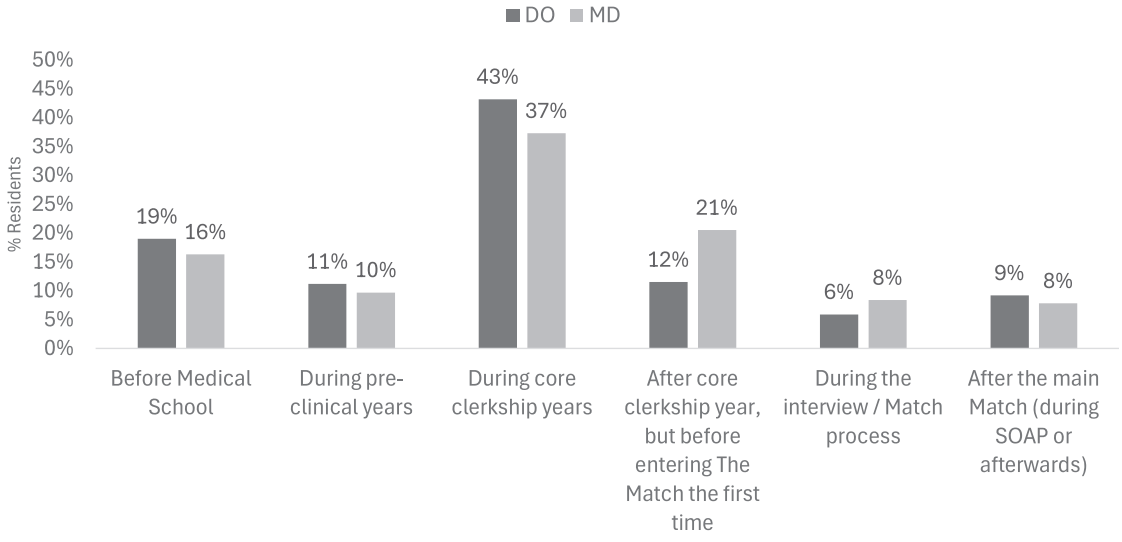
Figure 1. When first year Family Medicine residents report choosing Family Medicine as their specialty by degree type. ***Abbreviation:*** **SOAP, Supplemental Offer and Acceptance Program.**



These findings support that clerkship experiences are a critical lever for influencing FM specialty choice and addressing the primary care workforce shortage. Medical school accreditation requirements may drive our findings as the American Osteopathic Association Commission on Osteopathic College Accreditation (COCA) mandates a required family medicine rotation in the core clinical year[6] while the Liaison Committee on Medical Education (LCME) does not. Our findings suggest that, to decrease primary care workforce shortages, LCME should join COCA in mandating all medical schools require a family medicine clerkship during the core clerkship year. Requiring a rotation is not enough as a high-quality clerkship with experienced mentors, comprehensive clinical exposure, increased funding, financial incentives, early exposure to Family Medicine, and robust career counseling can make the specialty more appealing.[3,4] Aligning accreditation standards to ensure sufficient and equitable exposure to Family Medicine across institutions is a critical step toward addressing geographic and demographic gaps in the primary care workforce.

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