
Comment

Matching Up With P4

To the Editor:
The John Peter Smith (JPS) Family Medicine Residency is one of 14 programs participating in the “Preparing the Personal Physician for Practice” (P4) initiative launched in February 2007. P4 is a 6-year national demonstration project sponsored by leading organizations in family medicine to investigate innovative ways to train family physicians (www.transformed.com/p4cfm). JPS is known for its rigorous training emphasizing full-service family medicine. The family medicine residency was certified in 1973, transitioning from a general practice residency program established in 1913. JPS is the largest family medicine residency in the United States, traditionally accepting 24 interns, and currently training 84 residents and fellows.

In the last 3 years, 50% of third-year residents have sought extra training after graduation. The three JPS fellowships in geriatrics (2000), sports medicine (2003), and pain management (2007) are popular. Residents have also expressed interest in maternity care, hospital medicine, emergency medicine, and international medicine. Based on resident demand, JPS submitted a P4 proposal that built on graduates’ requests for additional training. Specifically, JPS suggested a formal P4 program that would offer “extended, flexible, optional training.”

Flexible extra training allows our residents several options. They can choose how they want that training distributed, either as a traditional 1-year fellowship or a longitudinal experience. They can choose the length of the extra training, although CAQ curriculum requirements must be met for those interested in certification. Residents are allowed to make changes in the training even after they begin training. At any time, a P4 resident may return to the standard curriculum in either the traditional or rural track. All residents can receive their completion documentation when they have met all Residency Review Committee (RRC) requirements for family medicine. Also, they are eligible to sit for the Board Examination after 36 months.

The greatest challenge has been the practicalities of coordinating so many disparate schedules. Another impact has been financial: two resident slots have been appropriated from each incoming class to accommodate funding for P4. There was also great interest in how P4 might impact the Match, since the 2007–2008 applicants would be the first class following the P4 launch. The results of the Match were in fact gratifying. JPS filled from the top 68% of the rank list, with 73% from the top 30% of the list. All 22 are American medical graduates, with 36% from distant states (New York, Pennsylvania, Tennessee, and Virginia). The male to female ratio is 15:7. Many students are married, and several have children.

Nine incoming interns (41%) have already expressed an interest in the P4 option at this early stage. Traditionally, more residents have committed to extended training as graduation approached, so this percentage is expected to increase. In addition, 50% of our second- and third-year residents have committed to extra training next year, with nine in sports medicine, four OB/rural, four maternal/child, three emergency medicine, two geriatrics, one international-geriatrics, one rural, and one hospital medicine. Local evaluations of our P4 innovation will include measurements of how many residents choose extra training, what kind, how many change their mind, what services they provide to their communities after graduation, and how many provide generalist services.

P4 has been described as the boldest experiment in graduate medical education in the last 50 years. Based on the inaugural P4 Match JPS experience, some medical students are clearly interested in the concept of extended individualized training.

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