Results of the 2008 National Resident Matching Program: Family Medicine

Perry A. Pugno, MD, MPH, CPE; Amy L. McGaha, MD; Gordon T. Schmittling, MS; Ashley DeVilbiss; Daniel J. Ostergaard, MD

The results of the 2008 National Resident Matching Program (NRMP) reflect a currently stable level of student interest in family medicine residency training in the United States. Compared with the 2007 Match, 91 more positions (with 65 more US seniors) were filled in family medicine residency programs through the NRMP in 2008, at the same time as 10 fewer (one fewer US senior) in primary care internal medicine, eight fewer positions were filled in pediatrics-primary care (10 fewer US seniors), and 19 fewer (27 fewer US seniors) in internal medicine-pediatrics programs. Multiple forces, including student perspectives of the demands, rewards, and prestige of the specialty, the turbulence and uncertainty of the health care environment, lifestyle issues, and the impact of faculty role models, continue to influence medical student career choices. Thirty-one more positions (20 fewer US seniors) were filled in categorical internal medicine. Thirty more positions (84 fewer US seniors) were filled in categorical pediatrics programs. The 2008 NRMP results suggest that while interest in family medicine experienced a slight increase in the number of students choosing the specialty, interest in other primary care careers continues to decline. With the needs of the nation calling for the roles and services of family physicians, family medicine still matched too few graduates through the 2008 NRMP to meet the nation’s needs for primary care physicians.

Through its comprehensive Student Interest Initiative, the AAFP has developed and implemented numerous projects to increase student awareness of and interest in family medicine. Student activity on campuses, in family medicine interest groups, and as student members of the AAFP continues each year. In 2008, student AAFP membership was 15,000, approximately one quarter of all US medical students. The presence of departments of family medicine in all but 11 US medical schools, the establishment of required clinical clerkships in family medicine in more than 80% of medical schools, and increased opportunities for family medicine elective experiences have improved the environment of medical education.

These student interest initiatives appear to be yielding modest improvements. Following a decade-long decline in the number of students choosing the specialty and a relative stagnation in interest over the past couple of years, 2008 marked the first time in more than a decade where more students chose family medicine compared with the prior year. Despite the optimism this trend suggests related to family medicine interest, it is clear that US student interest in primary care remains
of concern. Student perceptions of the demands, rewards, and prestige of primary care specialties, market changes, lifestyle priorities, and the influence of faculty role models continue to influence career choice.

2008 NRMP Results: Family Medicine

Family medicine residency programs offered 2,654 first-year positions through the 2008 NRMP, an increase of 33 from 2007. On Match Day 2008, 2,404 of these positions were filled through the Match, an increase of 91 from 2007 for a fill rate of 90.6%, compared with 88.2% in 2007, 85.0% in 2006, 82.4% in 2005, 78.8% in 2004, 76.2% in 2003, and 79.0% in 2002 (Figure 1). Sixty-five more US seniors matched into family medicine residencies in 2008 as in 2007 (1,172 versus 1,107) (Figure 2).

Of those US seniors who successfully matched in 2008, 8.2% matched in family medicine, compared with 7.8% in 2007, 8.1% in 2006, 8.2% in 2005, 8.8% in 2004, 9.2% in 2003, and 10.5% in 2002. Of all participating US seniors in the 2008 NRMP, 7.7% matched in family medicine, compared with 7.3% in 2007, 7.5% in 2006, 7.7% in 2005, 8.2% in 2004, 8.6% in 2003, and 9.9% in 2002. In 2008, the Pacific region had the highest fill rate in family medicine (98.5%), while the East South Central region had the lowest fill rate in family medicine (81.9%) (Figure 3).

In addition to US MD seniors in 2008 who filled 48.7% of matched positions in family medicine, 1,232 other graduates matched in family medicine in 2008, compared with 1,206 in 2007, 1,186 in 2006, 1,160 in 2005, 1,075 in 2004, 1,005 in 2003, 944 in 2002, and 847 in 2001. These include 494 (539 in 2007) non-US citizens educated internationally (20.5%), 265 (228 in 2007) graduates of colleges of osteopathic medicine (11.0%), 397 (336 in 2007) US citizens educated internationally (16.5%), 69 (87 in 2007) physicians who graduated from US medical schools prior to 2007 (2.9%), six (nine in 2007) “fifth pathway” students (0.2%), and one (seven in 2007) Canadian medical school graduate (0.04%).

Comparison With Other Disciplines

Fewer US seniors matched in categorical internal medicine residencies, decreasing by 20 from 2,680 in 2007 to 2,660 in 2008. Also, 20 fewer US seniors chose preliminary internal medicine positions (students who choose to complete 1 year of internal medicine before
continuing in another specialty): 1,471 in 2008, compared with 1,491 in 2007, 1,469 in 2006, 1,526 in 2005, 1,471 in 2004, and 1,468 in 2003.\(^5\)\(^6\) (Figure 4).

One fewer US senior chose a career in primary care internal medicine through the 2008 Match (166), compared with 2007 (167). Twenty-seven fewer US seniors chose combined internal medicine-pediatrics training in 2008 (248) compared with 2007 (275).\(^5\)\(^6\) (Figure 5). Twenty more positions were filled in 2008 (2,403) in pediatrics (all types) compared with 2007 (2,383), but the number of US seniors decreased by 96 from 1,775 in 2007 to 1,679 in 2008. Categorical pediatrics programs matched 1,610 US seniors in 2008, 84 fewer than the 1,694 matched in 2007 (Figure 4). In 2008, 78 positions were offered in pediatric-primary care programs, down from 86 in 2007, of which 43 were filled with US seniors, compared with 53 in 2007.\(^5\)\(^6\)

More international medical graduates (IMGs) continue to match in internal medicine (2,061 into categorical, preliminary, primary care, and internal medicine-pediatrics), compared with pediatrics (430) and family medicine (894). Similarly, among the matched IMGs, the percentage of non-US citizens is higher in internal medicine (73.9%) compared with pediatrics (68.8%) and family medicine (55.4%).\(^5\) Among the 24 major specialties of medicine, family medicine ranks fourth in the percentage of IMG residents (Figure 6). Compared with the 15 subspecialties of internal medicine, family medicine would rank 10th in the percentage of IMG residents (Figure 7).

### July Fill Rate

Since 1987, more positions have been filled in family medicine residencies in July than are offered through the NRMP in March. This July increase was due to program expansion between 1990 and 1998 and to the net addition of newly accredited programs that became ready to accept first-year residents (Figure 8). Since 1998, this difference may be partially due to the number of positions filled outside of the NRMP process. The previous highest July fill rate (98.7%) was in 1984, after which July fill rates decreased to 88.3% in 1991.\(^6\) The 2008 July fill rate in family medicine residencies was 99.9% (3,307 of 3,309), a decrease of 122 positions offered and an increase of 103 positions filled compared with 2007, when the July fill rate was 93.4%.\(^7\)

On July 1, 2008, 10,042 residents were training in 455 programs, an average of 22.1 per program compared with 10,085 (22.0 per program) in 2007, 9,997 (21.7 per program) in 2006, 9,780 (21.3 per program) in 2005, 9,825 (21.2 per program) in 2004, 9,995 (21.1 per program) in 2003, 10,130 (21.7 per program) in 2002, 10,262 (21.9 per program) in 2001, 10,503 (22.3 per program) in 2000, 10,632 (22.4 per program) in 1999, 8,513 (20.8) in 1994, and a nadir of 7,279 (19.1) in 1988. There are currently 3,307 first-year residents, an average of 7.3 per program compared with 3,204 (7.0 per program) in 2007, 3,429 (7.5 per program) in 2006, 3,282 (7.2 per program) in 2005, 3,275 (7.1 per program) in 2004, 3,329 (7.0 per program) in 2003, 3,360 (7.2 per program) in 2002, 3,399 (7.2 per program) in 2001, and 3,475 (7.4 per program) in 2000.\(^7\)

Graduates of US allopathic medical schools filled 1,391 first-year positions (42.1%) in July 2008, compared with 1,387 (43.3%) in 2007, 1,535 (44.8%) in 2006, 1,463 (44.6%) in 2005, 1,520 (46.4%) in 2004, 1,607 (48.3%) in 2003, 1,812 (54.1%) in 2002, 1,926 (56.8%) in 2001, 2,293 (66.3%) in 2000, 2,520 (71.3%) in 1999, 2,686 (75.2%) in 1998, 2,762 (77.5%) in 1997, and 2,765 (79.4%) in 1996.

Graduates of colleges of osteopathic medicine filled 560 first-year positions (16.9%) in July 2008, compared with 503 (15.7%) in 2007, 445 (13.0%) in 2006, 520 (15.8%) in 2005, 498 (15.2%) in 2004, 481 (14.4%) in 2003, 452 (13.5%) in 2002, 461 (13.6%) in 2001, 378 (10.9%) in 2000, 355 (10.0%) in 1999, 362 (10.1%) in 1998, and 232 (7.6%) in 1994.\(^7\) In 1981 the DO fill rate was 2%.\(^5\)\(^6\) This increase in osteopathic graduates selecting allopathic family medicine programs is expected given the recent increase in dually accredited residency programs from 26 in 2003 to 85 in 2008.\(^8\)

In July 2008, 1,348 (40.8%) of the 3,307 first-year family medicine residents were IMGs, compared with...
1,296 (40.4%) in 2007, 1,443 (42.1%) in 2006, 1,299 (39.6%) in 2005, 1,257 (38.4%) in 2004, 1,241 (37.3%) in 2003, 1,087 (32.4%) in 2002, 1,001 (29.4%) in 2001, 789 (22.7%) in 2000, and 659 (18.6%) in 1999. A total of 648 (19.6%) first-year residents were non-US citizen IMGs, compared with 630 (19.7%) in 2007, 720 (21.0%) in 2006, 698 (21.3%) in 2005, 618 (18.9%) in 2004, 579 (17.4%) in 2003, 466 (13.9%) in 2002, 430 (12.6%) in 2001, and 351 (10.1%) in 2000. A total of 700 (21.2%) were US citizen IMGs, compared with 666 (20.8%) in 2007, 723 (21.1%) in 2006, 601 (18.3%) in 2005, 639 (19.5%) in 2004, 662 (19.9%) in 2003, 621 (18.5%) in 2002, 571 (16.8%) in 2001, and 438 (12.6%) in 2000.6,7 Interestingly, of the 457 IMGs (compared to 421 in 2007 and 555 in 2006) who entered PGY-I positions in family medicine residencies after the 2008 Match, 66.3% (compared with 78.4% in 2007 and 74.2% in 2006) were US citizens. Factors affecting this year’s differences are likely to be the continued challenges associated with non-citizens obtaining visas to train in the United States (Figure 9).

Discussion

The results of the 2008 Match represent the fifth year of increase in the percentage of positions filled in family medicine through the NRMP since 2003. Reviewing the Match performance of other specialties over the past decade suggests varying trends. For example, anesthesiology decreased from 163 US seniors in 1994 down to 43 in 1996. That trend reversed by increasing from 118 in 1998 to 524 US seniors in 2008. Diagnostic radiology matched 243 US seniors in 1996, dropped to 79 in 1997, increased to 124 in 2001, decreased to 105 in 2006, and has steadily increased to 135 in 2008.5,6 By comparison, family medicine had increased steadily for 6 years from 1991 through 1997. Family medicine gained 966 US seniors in the Match over that period. However, although the overall Match percentages increased again in 2008, over the past 10 years family medicine has lost 1,168 US seniors in the Match or 49.9% of the record number of US seniors matching in 1997.5,6 Family medicine’s primary care colleagues experienced decreased interest in the 2008
Match. Internal medicine-primary care offered 10 fewer positions this year and, in 10 of the past 11 years, declined in positions filled (from 528 in 1998 to 254 in 2008) and in positions filled by US seniors (from 376 in 1998 to 166 in 2008). Combined internal medicine-pediatric residencies filled 19 fewer positions (326 in 2008 versus 345 in 2007) and with 27 fewer US seniors (248 in 2008 versus 275 in 2007). In internal medicine categorical, 61 more positions were offered in 2008 compared with 2007 (4,858 versus 4,797), with a lower fill rate than in 2007 for total positions (97.4% versus 98.4%) and a lower rate for positions filled with US seniors (54.8% versus 79.1%). It is noteworthy that for transitional residency programs, 38 fewer positions were offered this year compared with 2007 (979 versus 1,017) with fewer positions filled overall (957 versus 966) and fewer filled with US seniors (874 versus 882). The percentage of transitional-year residencies filled with US seniors increased from 86.7% in 2007 to 89.3% in 2008.

In 2008 there is a slight movement of US seniors toward family medicine but also movement away from internal medicine primary care, pediatrics primary care, and combined internal medicine-pediatrics. From categorical internal medicine, where nearly eight of nine students choose a subspecialty, the number of US seniors decreased for the first time since 2003. Students entering pediatrics residencies appear to be responding to the published need for more pediatric subspecialists. Of residents who selected internal medicine-pediatrics, only 8.3% applied to, and only 3.6% ranked, a family medicine program. The vast majority (73%) would
have selected either internal medicine or pediatrics if a combined program were not available. This data indicates that internal medicine-pediatrics programs are not drawing a significant number of potential residents away from family medicine.

Controversy persists within the OB-GYN community between those who view the specialty as primary care and those who perceive a more surgical orientation.


Contributors to Recent Trends
Evidence-based Student Interest Initiatives

A study of the factors influencing medical students in their choice of family medicine was commissioned by the AAFP and conducted in 2002 by faculty of the University of Arizona Department of Family and Community Medicine. The “Arizona Study” provided an evidence-based foundation from which to plan responses to declining student interest. Numerous studies continue to attempt to identify and understand drivers of student interest in family medicine. In 2005, the AAFP launched its evidence-based portfolio approach to student interest. Initiatives in four key areas of focus include: (1) identification and preparation of inspiring and competent family physician mentors and role models, (2) focus on admission characteristics of students likely to choose family medicine, which includes identifying and inspiring the pipeline for future medical students, (3) effective communication about the image of family medicine to medical students and to the broader community, and (4) effective education of medical students about the family medicine model of care including clerkships and clinical experiences.
Perceptions of Medical Students

Multiple factors appear to steer students away from the choice of family medicine. Increasingly apparent is the perception by students that family medicine lacks the prestige of other specialties within academic health centers. Disparaging remarks made to medical students about an interest in family medicine by faculty and residents is a commonly cited experience. Medical students continue to be disproportionately discouraged from careers in family medicine by faculty and residents in other specialties. Seventy-two percent of third-year students identified family medicine as the specialty most often “bashed.” This is unfortunately aggravated by the experiences of some students who indicate that their third-year clerkships in family medicine lack some of the intellectual rigor and direct clinical experience of other core clerkships. This supports the misconception that being a family physician is “too easy” for the typically motivated medical student.

At the other end of the spectrum, some medical students report concerns associated with family medicine because it is “too hard,” questioning physicians’ capacity to master the content needed to practice comprehensive, evidence-based medicine. This perspective has been exacerbated by the challenges of primary care practice in an environment of increased penetration of over-managed care and burdensome regulatory oversight. The extent to which practicing physicians voice dissatisfaction can dissuade medical school graduates from choosing careers in primary care.

In the past 10 years, medical students have demonstrated an increasing interest in global health activities, as shown by the increase in students participating in international health electives. Family medicine’s broad scope of training and focus on public health uniquely prepares physicians to practice global health in austere and underserved communities. Early evidence demonstrates that offering an international health elective may also have a positive impact on residency program recruitment. Anecdotal reports indicate that more students are interested in health policy and public health, areas of focus well represented by family medicine. Additional data should be gathered to further explore this perceived link.

Medical Student Debt

As medical school indebtedness continues to escalate to an average of more than $130,000 at graduation, consideration must be given to the motivation of the applicant pool toward primary care careers. This may be especially true from the perspective of older nontraditional students, minorities, or students from disadvantaged backgrounds, all of whom have been more likely to choose careers in family medicine. As a result of the perception of nearly insurmountable debt, these potential applicants may be unwilling to even consider a career in medicine, thereby decreasing diversity in the workforce and exacerbating disparities in health care. Except for a few model programs that preferentially select students likely to enter rural or medically underserved areas of practice, medical school admission committees may be considering fewer and fewer applicants whose characteristics are associated with the selection of primary care careers, particularly family medicine. The effect of this pipeline drain may minimize the appearance of the actual impact of educational debt on medical student specialty choice.

Infrastructure of Medical Schools

The infrastructure of US medical education continues to play a powerful role in determining how many graduates enter family medicine residencies. The presence of a well-funded department of family medicine and the number of faculty are correlated with a higher percentage of medical students entering family medicine residencies as well as internal medicine and pediatric residencies. One of the most important variables for predicting the proportion of students at a medical school who choose family medicine is the proportion of faculty who are family physicians. In 2008, 11 US medical schools remain without a department of family medicine. Similarly, the presence in the curriculum and the duration of a required clinical clerkship in family medicine are both correlated with more students choosing family medicine residencies.

Work is underway at the AAFP to develop mechanisms for tracking the length and content of family medicine clerkships. Anecdotal evidence suggests that dedicated family medicine clerkship time may be eroding as curriculum requirements increase. Collection of this data will be important for further demonstrating how decreasing family medicine clerkship lengths impact medical student choice.

Medical school characteristics such as family medicine clerkships, communication skills courses, and curricula in medical ethics, humanities, and social sciences in medicine play a central role in the development of physicians committed to the well-being of others. In February 1993, the Liaison Committee on Medical Education (LCME), which accredits US medical schools, created parity by recommending clinical curricula in family medicine along with the other five core disciplines (internal medicine, OB-GYN, pediatrics, psychiatry, and surgery). More than a decade later, at least 13 LCME-accredited US medical schools still do not have required clinical clerkships in family medicine.

Match Positions

The year 2008 is the first time in a decade that more positions were offered in family medicine through the Match than the year before (2,654 versus 2,621).
2008, there was a decrease in the number of positions offered in July (3,309 in 2008 versus 3,431 in 2007), although the decline in the number of functioning family medicine programs seems to be continuing (455 in 2008 compared with 458 in 2007 and 460 in 2006). Threats to family medicine residency programs are the result of a complex interplay of transitional forces in the marketplace. Among those changes are the continued reductions in federal support for GME through the Medicare program. Such financial pressures have been identified as pivotal in the closure of many family medicine residencies over the past several years.45 AAFP workforce policy, adopted in 2006, demonstrates that this trend must be reversed if we are to produce an adequate family physician workforce to meet the nation’s projected needs based on population growth, demographic factors, and health care utilization.46

Income

The turbulence of the US health care environment47-52 and increasing student debt53 support the appearance of medical students selecting careers that provide them both economic and practice security. High Match percentages in diagnostic radiology, anesthesiology, and emergency medicine support trends toward physician practice with a high income coupled with predictable work hours and lifestyle.53 For many students, the level of compensation within a discipline may serve as a proxy for the prestige and market demand for that specialty. While greater than $152,000 per year on average, the current reported net income for family physicians remains significantly lower than for most other specialists.54

A growing body of evidence indicates that the widening income gap between primary care and specialty care negatively impacts student choice in primary care careers and that this imbalance threatens the development and maintenance of a healthy primary care base in the United States. Four specific factors: patient volume, the Relative Value Scale Update process, the Medicare Sustainable Growth Rate (SGR) formula, and inequities in specialty care payment by private insurers are identified as specifically contributing to the continued disparity.55

In June 2006 the American Medical Association’s Council on Medical Education addressed the increase of specialization and the decline of primary care careers in medicine. Specific recommendations for interventions to address the decline of “generalist physicians” outlined in their report include a recommendation to foster the concept of the medical home (as described by AAP, AAFP, and ACP) as well as a recommendation that the “AMA encourage physician reimbursement changes which would make generalist physician practice more attractive.”57 The AMA is currently investigating the factors that decrease primary care specialty choice such as income, medical student debt, and practice overhead such as liability insurance. Their findings will be an important step toward developing a national dialogue about the importance of a strong primary care workforce.

Workforce

The AAFP continues to focus efforts on analyzing the current generation of premedical and medical students, reflecting their interests and addressing their concerns.56 The current number of family medicine residencies continues to decline slightly in 2008 as there are 455 programs in 2008 compared with 458 in 2007 and 460 in 2006. There are about 3,300 residents in each of the 3 years of training. This is still below the number of annual graduates needed to achieve the projected family physician workforce needed for the nation.46 Evidence is mounting that a health system built on a foundation of primary care is not only ideal in terms of patient care outcome,57 but it is also what patients want.58 In a recent national study, 30% of medical school deans and 54% of medical societies agree there is a national shortage of family physicians and general internists.59

The 2004 reports from the federal Council on Graduate Medical Education,60 the 2004 Workforce Report from the Robert Graham Center,61 and the 2006 Workforce Statement from the Association of American Medical Colleges62 all suggest an impending national physician shortage. The United States continues to cope with persistent pockets of underserved populations in rural areas, those populated by ethnic minority groups, and in areas of relatively low socioeconomic status. Generalists make up fewer than 40% of total physicians, while family physicians represent 40% of generalist physicians in the United States.63 However, family physicians are the most likely specialty to practice as generalists, as well as to serve rural and underserved populations.64-66 If all family physicians were withdrawn, 58% of all US counties would become Primary Care Health Professions Shortage Areas (PCHPSAs). By contrast, if all general internists, pediatricians, and obstetricians-gynecologists combined were similarly withdrawn, fewer than 8% of counties would become PCHPSAs.67 The distribution of family physicians and the staffing of community health centers that provide care to rural and underserved communities is negatively impacted by the workforce challenges of decreased student interest in family medicine.66-67

Subspecialists providing care to Medicare patients are less likely than generalists to provide comprehensive primary care services and focus on the management of a narrower range of diagnoses.58 In addition, patients value the role of primary care physicians in providing first contact and continuous management of their care in complex integrated delivery systems.69-70
Value Proposition

It is a well-accepted concept that the United States needs more family physicians.\textsuperscript{71} Notable among the findings of the national market research conducted in the Future of Family Medicine project are that people in America value what family physicians offer, namely a patient-centered medical home wherein they experience a continuous relationship with a primary care physician.\textsuperscript{1} Within that primary medical relationship, people want, expect, and value a set of services, including acute care, chronic care, disease prevention, care in the hospital setting, and primary mental health care. The Commonwealth Fund 2006 Health Care Quality Survey finds that when adults have health insurance coverage and a medical home—defined as a health care setting that provides patients with timely, well-organized care and enhanced access to providers—racial and ethnic disparities in access and quality are reduced or even eliminated.\textsuperscript{73} Family physicians are both prepared to deliver what people want, expect, and value and are satisfied with their abilities to deliver it. The discipline faces clearly identified challenges as it prepares for the next generation of care: clearly communicating the specialty of family medicine to the public, organizing individual practices into a recognized brand, challenging the disrespectful climate of academia, enhancing reimbursement, and communicating the attractiveness of a career in family medicine.

Conclusions

In 2008, for the first time in more than a decade, more US seniors chose family medicine through the NRMP compared with the previous year. Still, the percentage of US seniors choosing primary care specialties remains alarmingly low. High Match rates in transitional residencies and preliminary internal medicine programs provide trainees with the opportunity to further observe the health care environment and to take advantage of the career path options those preliminary training programs provide, with the overwhelming majority of those physicians ultimately choosing subspecialty careers. Some projections anticipate that the shortfall of primary care physicians for the graying adult population will be worse than originally projected as fewer interns are pursuing generalist careers, and family physicians will be increasingly important in the provision of this care.\textsuperscript{74,75}

Leaders in the business and health care fields are recognizing the importance of developing and implementing the patient-centered medical home model as the basis for improving health care delivery and access to primary care.\textsuperscript{76} The AAFP, American Osteopathic Association, American Academy of Pediatrics, and the American College of Physicians have adopted the Joint Principles of the Patient-centered Medical Home, the elements of which include having a personal physician in a physician-directed medical practice, whole person orientation, coordination of care, quality and safety, and enhanced access. Important to the implementation of this model is addressing payment mechanisms to support coordination of care and follow-up. Family physicians are uniquely prepared to deliver just this kind of care within the patient-centered medical home.\textsuperscript{77}

Over the past 10 years, 13,761 US seniors matched into family medicine residencies in spite of the often-negative influences from within and outside of the medical education environment. Following the decline and stagnation of student interest in the past decade, this small increase of 65 US seniors who chose family medicine in 2008 gives cause for optimism. These students appear to be resistant to conflicting environmental messages and are clear in their commitment to serving the nation as family physicians, perhaps because of both personal characteristics and medical school features that support their choice.

The family of family medicine organizations continues to implement the evidence-based portfolio of activities to enhance student interest and initiate new programs to renew the specialty. Those strategies can be grouped into four areas of focus: (1) premedical students and medical school admissions, (2) communications and the public image of family medicine, (3) mentoring and role modeling initiatives, and (4) the medical school curriculum. Current programs should be continually evaluated, and more new initiatives should be sought. Opportunities for collaboration should be actively pursued, including collaborations among predoctoral directors, FMIG faculty advisors, residency directors, department chairs, and family medicine organizations. Residency directors in particular may find opportunities for residents to serve as role models and mentors for young premedical and medical students.

The results of the 2008 Match and the subsequent filling of residency positions in family medicine give cause for cautious optimism that US seniors’ interest in family medicine careers is improving, which is an important step in ensuring that everyone in the nation has access to a patient-centered medical home with a family physician.

Corresponding Author: Address correspondence to Dr Pugno, American Academy of Family Physicians, 11400 Tomahawk Creek Parkway, Leawood, KS 66211. 913-906-6000. Fax: 913-906-6289. ppugno@aafp.org.

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