

## Results of the 2009 National Resident Matching Program: Family Medicine

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*The results of the 2009 National Resident Matching Program (NRMP) reflect a persistently low level of student interest in family medicine residency training in the United States. Compared with the 2008 Match, 70 fewer positions (with 89 fewer US seniors) were filled in family medicine residency programs through the NRMP in 2009, at the same time that 18 fewer positions were filled in primary care internal medicine (11 fewer US seniors), one more position was filled in pediatrics-primary care (three more US seniors), and 13 more positions were filled in internal medicine-pediatrics programs (but with seven fewer US seniors). Multiple forces, including student perspectives of the demands, rewards and prestige of the specialty, the turbulence and uncertainty of the health care and economic environments, lifestyle issues, the advice of deans, and the impact of faculty role models, continue to influence medical student career choices. A total of 152 more positions (28 fewer US seniors) were filled in categorical internal medicine. Thirty-one more positions (72 more US seniors) were filled in categorical pediatrics programs. The 2009 NRMP results suggest that while interest in family medicine experienced a slight increase in the number of students choosing the specialty last year, overall interest in primary care careers continues to decline. With the nation continuing to call for the roles and services of family physicians, family medicine still matched too few graduates through the 2009 NRMP to effectively address the nation's needs for primary care physicians.*

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Family physicians are uniquely prepared to meet the health care needs of the American people as reports demonstrate that family physicians are prepared to deliver specifically what Americans say they want and need from a physician.<sup>1</sup> Family physicians are the only medical specialists who distribute themselves throughout America's communities in the same proportion as the population. The American Academy of Family Physicians (AAFP) is dedicated to assuring that there is a well-trained family physician available for everyone in America who wants and needs one. The AAFP is committed to assuring high-quality, innovative education for medical students and residents that embodies the values and competencies of family medicine.<sup>2</sup>

In 2005, the AAFP adopted an evidence-based portfolio of interventions to address student interest. 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 to grow each year. In 2009, student AAFP membership was 14,300, approximately one fifth 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.<sup>3,4</sup>

Despite these student interest initiatives, sustained improvement in interest by US seniors remains elusive. For more than a decade now, US student interest in family medicine careers has been in decline. It is clear that US student interest in primary care remains of concern. Student perceptions of the demands, rewards, and pres-

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tige of primary care specialties, market changes, lifestyle priorities, and the influence of medical school faculty continue to influence career choice. This year, it appears that the nation's economy may have also played a role.

**2009 NRMP Results: Family Medicine**

Family medicine residency programs offered 2,555 first-year positions through the 2009 NRMP, a decrease of 99 from 2008. On Match Day 2009, 2,329 of these positions were filled through the Match, a decrease of 75 from 2008 for a fill rate of 91.2%, compared with 90.6% in 2008, 88.2% in 2007, 85.0% in 2006, 82.4% in 2005, 78.8% in 2004, and 76.2% in 2003 (Figure 1). Eighty-nine fewer US seniors matched into family medicine residencies in 2009 as in 2008 (1,083 versus 1,172)<sup>5,6</sup> (Figure 2).

Of those US seniors who successfully matched in 2009, 7.4% matched in family medicine, compared with 8.2% in 2008, 7.8% in 2007, 8.1% in 2006, 8.2% in 2005, 8.8% in 2004, and 9.2% in 2003. Of all participating US seniors in the 2009 NRMP, 6.9% matched in family medicine, compared with 7.7% in 2008, 7.3% in 2007, 7.5% in 2006, 7.7% in 2005, 8.2% in 2004, and 8.6% in 2003.<sup>5,6</sup> In 2009, the New England region had the highest fill rate in family medicine (95.8%), while the East North Central region had the lowest fill rate in family medicine (87.4%)<sup>5</sup> (Figure 3).

In addition to US MD seniors in 2009 who filled 42.4% of matched positions in family medicine, 1,246 other graduates matched in family medicine in 2009, compared with 1,232 in 2008, 1,206 in 2007, 1,186 in 2006, 1,160 in 2005, 1,075 in 2004, 1,005 in 2003, and 944 in 2002. These

Figure 1

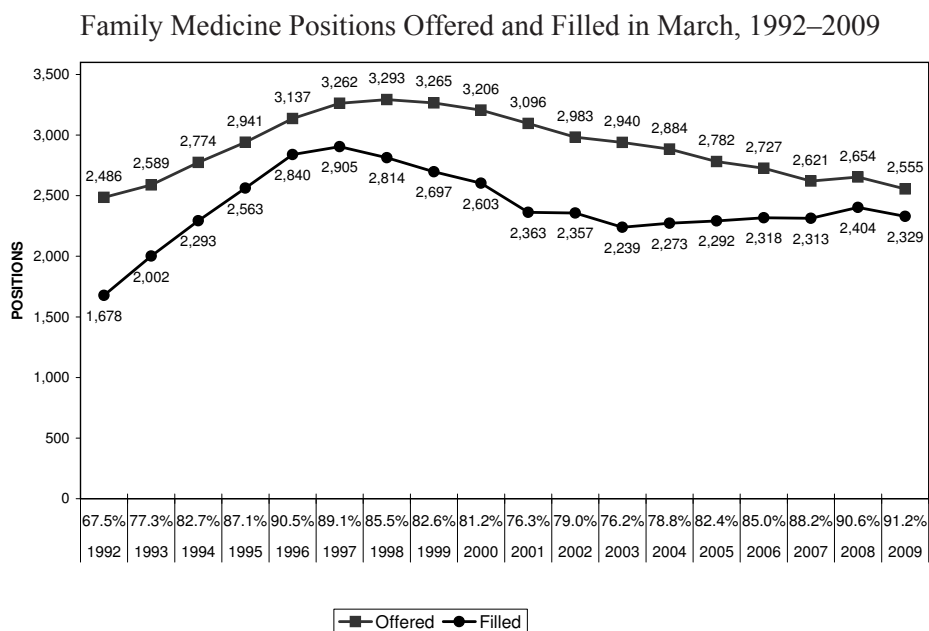
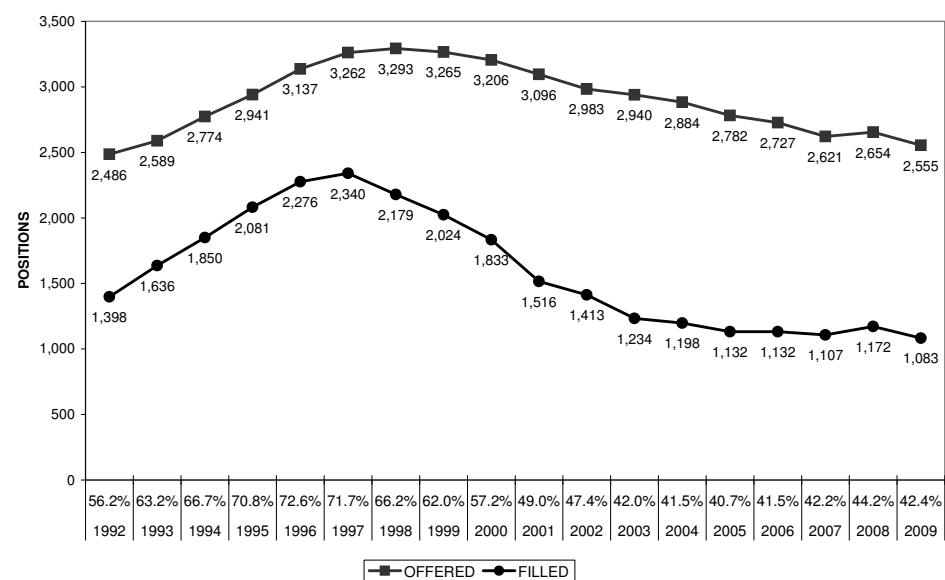


Figure 2

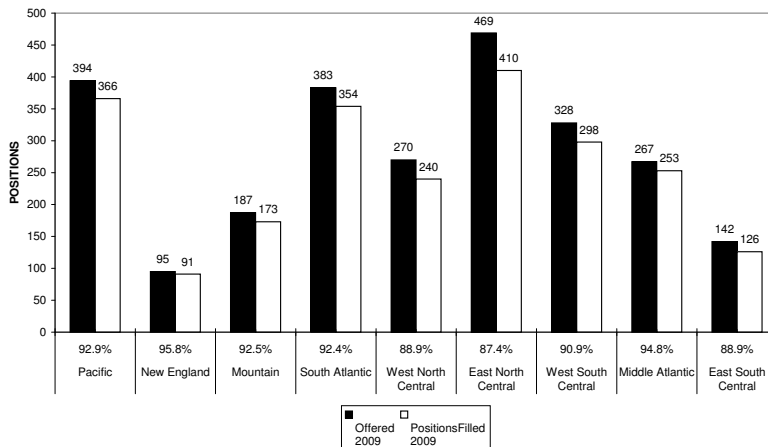
Family Medicine Positions Offered and Filled With US Seniors in March, 1992-2009



include 482 (494 in 2008) non-US citizens educated internationally (20.7%), 244 (264 in 2008) graduates of colleges of osteopathic medicine (10.5%), 420 (397 in 2008) US citizens educated internationally (18.0%), 80 (69 in 2008) physicians who graduated from US

Figure 3

## 2009 NRMP Family Medicine Results by Regions



medical schools prior to 2008 (3.4%), 12 (six in 2008) “fifth pathway” students (0.5%), and two (one in 2008) Canadian medical school graduate (0.09%).<sup>5,6</sup>

### Comparison With Other Disciplines

Fewer US seniors matched in categorical internal medicine residencies, decreasing by 28 from 2,660 in 2008 to 2,632 in 2009. Also, 33 more US seniors chose preliminary internal medicine positions (students who choose to complete 1 year of internal medicine before continuing in another specialty): 1,504 in 2009, compared with 1,471 in 2008, 1,491 in 2007, 1,469 in 2006, 1,526 in 2005, 1,471 in 2004, and 1,468 in 2003.<sup>5,6</sup> (Figure 4).

Eleven fewer US seniors chose a career in primary care internal medicine through the 2009 Match (155), compared with 2008 (166). Seven fewer US seniors chose combined internal medicine-pediatrics training in 2009 (241) compared with 2008 (248).<sup>5,6</sup> (Figure 5). Thirty-seven more positions were filled in 2009 (2,440) in pediatrics (all types) compared with 2008 (2,403), and the number of US seniors increased by 77 from 1,679 in 2008 to 1,756 in 2009. Categorical pediatrics programs matched 1,682 US seniors in 2009, 72 more than the 1,610 matched in 2008 (Figure 4). In 2009, 79 positions were offered in pediatric-primary care programs, one up from 78 in 2008, of which 46 were filled with US seniors, compared with 43 in 2008.<sup>5,6</sup>

More international medical graduates (IMGs) continue to match in internal medicine (2,126 into categorical, preliminary, primary care, and internal medicine-pediatrics), compared with pediatrics (457) and family medicine (906). Similarly, among the matched IMGs, the percentage of non-US citizens is higher in internal medicine (72.3%) compared with pediatrics (72.4%)

and family medicine (53.5%).<sup>5</sup> 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.<sup>6</sup> The 2009 July fill rate in family medicine residencies was 97.5% (3,203 of 3,284), a decrease of 25 positions offered and a decrease of 104 positions filled compared with 2008, when the July fill rate was 99.9%.<sup>7</sup>

On July 1, 2009, 9,747 residents were training in 451 programs, an average of 21.6 per program compared with 10,042 (22.1 per program) in 2008, 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, 8,513 (20.8) in 1994, and a nadir of 7,279 (19.1) in 1988. There are currently 3,203 first-year residents, an average of 7.1 per program compared with 3,307 (7.3 per program) in 2008, 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, and 3,399 (7.2 per program) in 2001.<sup>7</sup>

### US Allopathic Medical Schools

Graduates of US allopathic medical schools filled 1,253 first-year positions (39.1%) in July 2009, compared with 1,391 (42.1%) in 2008, 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.

### US Colleges of Osteopathic Medicine

Graduates of colleges of osteopathic medicine filled 584 first-year positions (18.2%) in July 2009, compared

with 560 (16.9%) in 2008, 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, and 232 (7.6%) in 1994.<sup>7</sup> In 1981 the DO fill rate was 2%.<sup>5,6</sup> This increase in osteopathic graduates select-

ing allopathic family medicine programs is expected given the recent increase in dually accredited residency programs from 26 in 2003 to 99 in 2009.<sup>8</sup>

*International Medical Schools*

In July 2009, 1,354 (42.3%) of the 3,203 first-year family medicine residents were IMGs, compared with 1,348 (40.8%) in 2008, 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, and 789 (22.7%) in 2000. A total of 656 (20.4%) first-year residents were non-US citizen IMGs, compared with 648 (19.6%) in 2008, 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 698 (21.8%) were US citizen IMGs, compared with 700 (21.2%) in 2008, 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.<sup>6,7</sup> Interestingly, of the 452 IMGs (compared to 457 in 2008) who entered PGY-1 positions in family medicine residencies after the 2009 Match, 61.5% (compared with 66.3% in 2008) were US citizens. Factors affecting this recent difference are likely to be the continued challenges associated with non-citizens obtaining visas to train in the United States (Figure 9).

Figure 4

Comparison of Potentially Non-Primary Care Positions Filled With US Seniors in March, 1997–2009

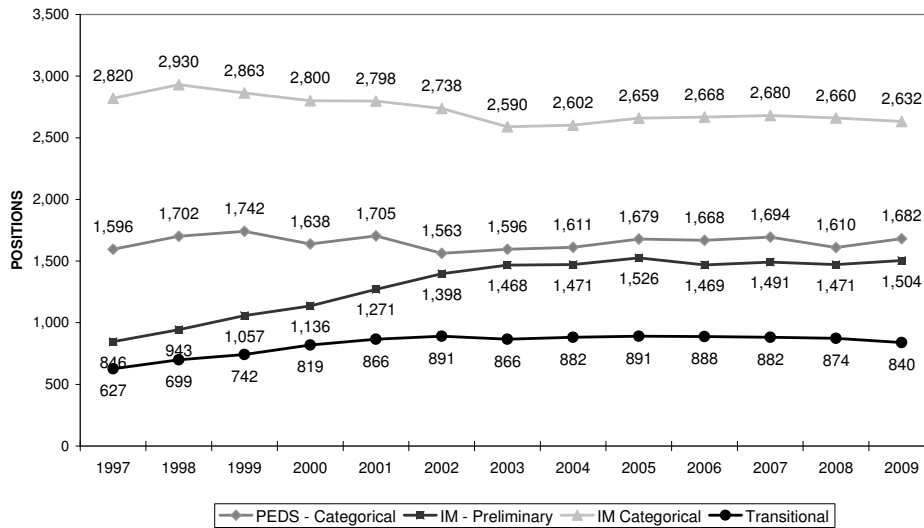
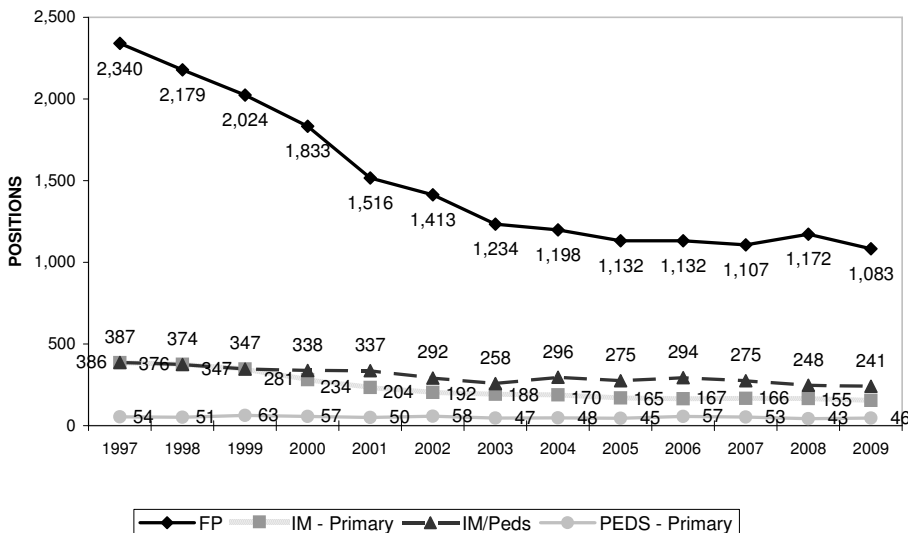


Figure 5

Comparison of Primary Care Positions Filled With US Seniors in March, 1997–2009

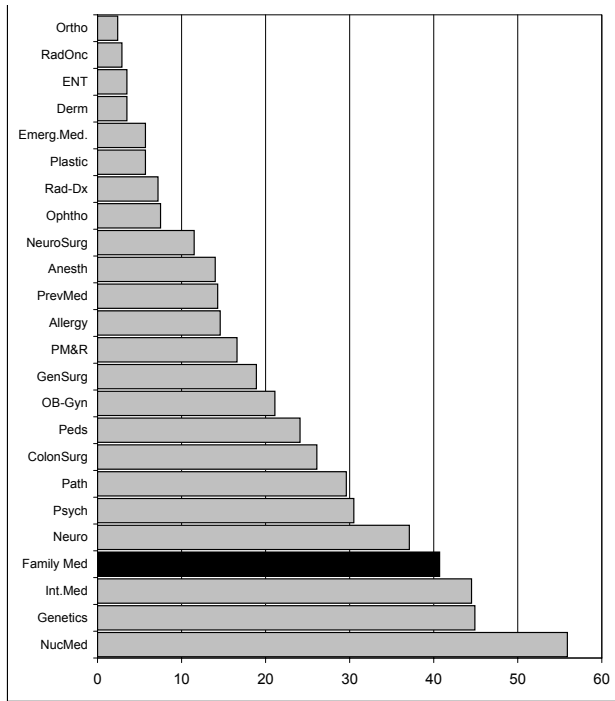


**Discussion**

The results of the 2009 Match represent the sixth year of increase in the percentage of positions filled in family medicine through the NRMP since 2003, due primarily to increases in osteopathic medical students and IMGs. Reviewing the Match performance of

Figure 6

% IMGs in ACGME Residencies, December 1, 2007

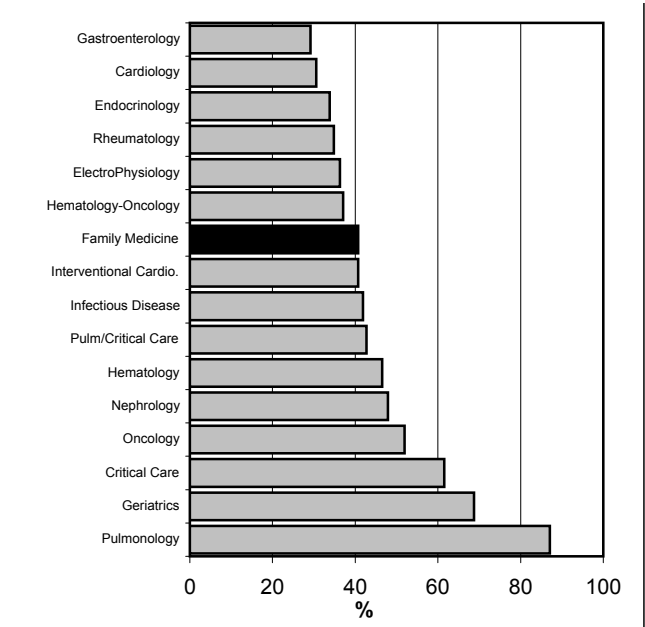


IMG—international medical graduate  
ACGME—Accreditation Council for Graduate Medical Education

Source: The percentage of IMGs training in ACGME-accredited residency programs on December 1, 2007. JAMA 2008;300(10):1229-31.

Figure 7

% IMGs in ACGME Residencies, December 1, 2007



IMG—international medical graduate  
ACGME—Accreditation Council for Graduate Medical Education

Source: The percentage of IMGs training in ACGME-accredited residency programs on December 1, 2007. JAMA 2008;300(10):1229-31.

other specialties over the past decade suggests varying trends. For example, anesthesiology decreased from 163 US seniors in 1994 to 43 in 1996. That trend reversed by increasing from 137 in 1999 to 612 US seniors in 2009. 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 increased to 132 in 2009.<sup>5,6</sup>

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 2009, over the past 12 years, family medicine has lost 1,257 US seniors in the Match or 53.7% of the record number of US seniors matching in 1997.<sup>5,6</sup>

Family medicine's primary care colleagues experienced variable interest in the 2009 Match. Internal medicine-primary care offered 17 fewer positions this year and, in 11 of the past 12 years, declined in positions filled (from 528 in 1998 to 236 in 2009) and in positions filled by US seniors (from 376 in 1998 to 155

in 2009). Combined internal medicine-pediatric residencies filled 13 more positions (339 in 2009 versus 326 in 2008) but with seven fewer US seniors (241 in 2009 versus 247 in 2008). In internal medicine categorical, 64 more positions were offered in 2009 compared with 2008 (4,922 versus 4,858), with a higher fill rate than in 2008 for total positions (98.6% versus 97.8%) but a lower rate for positions filled with US seniors (53.5% versus 54.8%).<sup>5,6</sup>

In the 2009 Match, pediatrics showed increasing trends in both positions filled and those filled with US seniors. Pediatrics-primary care increased its positions filled with US seniors from 43 in 2008 to 46 in 2009. Pediatrics-categorical increased in its overall positions filled in 2009 from the prior year (2,326 versus 2,295) and increased in the number of those positions filled with US seniors (1,682 versus 1,610).<sup>5,6</sup>

Internal medicine-preliminary decreased its number of positions offered (1,880 versus 1,901) and increased the positions filled (1,791 versus 1,774). There was an increase in the number of positions filled with US seniors (1,504 versus 1,471). Consequently, for internal medicine-preliminary, the overall fill percentage increased in 2009 (95.3% versus 93.3%) with an increase

in the percentage filled with US seniors (80% versus 77.4%). It is noteworthy that for transitional residency programs, three more positions were offered this year compared with 2008 (981 versus 979) with fewer positions filled overall (943 versus 957) and fewer filled with US seniors (840 versus 874). The percentage of transitional year residencies filled with US seniors decreased from 89.3% in 2008 to 85.6% in 2009.<sup>5,6</sup>

In 2009 there is again movement of US seniors away from family medicine but also movement away from internal medicine primary care and combined internal medicine-pediatrics. From categorical internal medi-

cine, where nearly all students choose a subspecialty, the number of US seniors decreased for the second time since 2007. Students entering pediatrics residencies appear to be responding to the published need for more pediatric subspecialists.<sup>9</sup> The vast majority of internal medicine-pediatrics residents (73%) would have selected either internal medicine or pediatrics if a combined program were not available.<sup>10</sup> This 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. After 4 years of decreases from 1998 to 2001, and a slight increase in 2002, OB-GYN residencies in 2003 and 2004 experienced a decrease in positions filled with US seniors (743 in 2004 and 786 in 2003 versus 848 in 2002). This specialty has since then experienced an increase in the number of positions filled (1,083 in 2005, 1,130 in 2006, 1,149 in 2007, 1,151 in 2008, and 1,179 in 2009) and positions filled with US seniors (772 in 2005, 835 in 2006, 837 in 2007, 838 in 2008, and 879 in 2009) since 2005.<sup>5</sup>

Figure 8

Family Medicine Positions Offered and Filled in July, 1992–2009

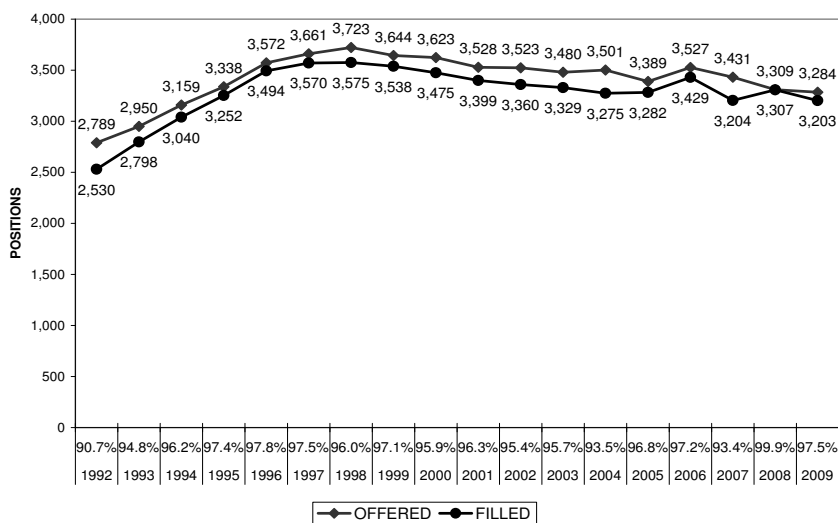
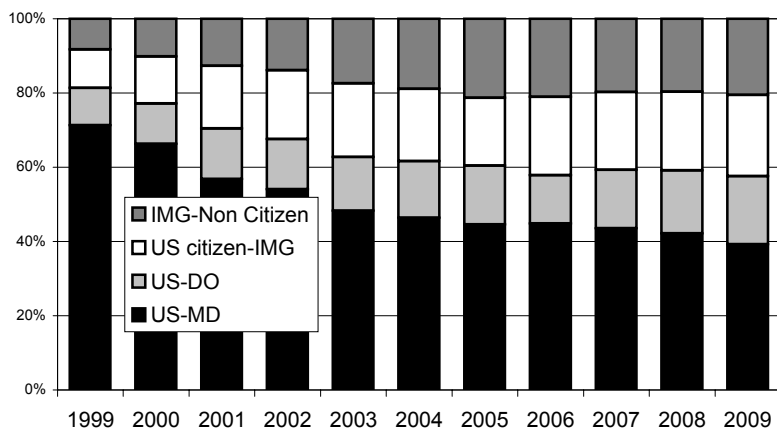


Figure 9

Family Medicine Resident Types—July



**Contributors to Recent Trends**

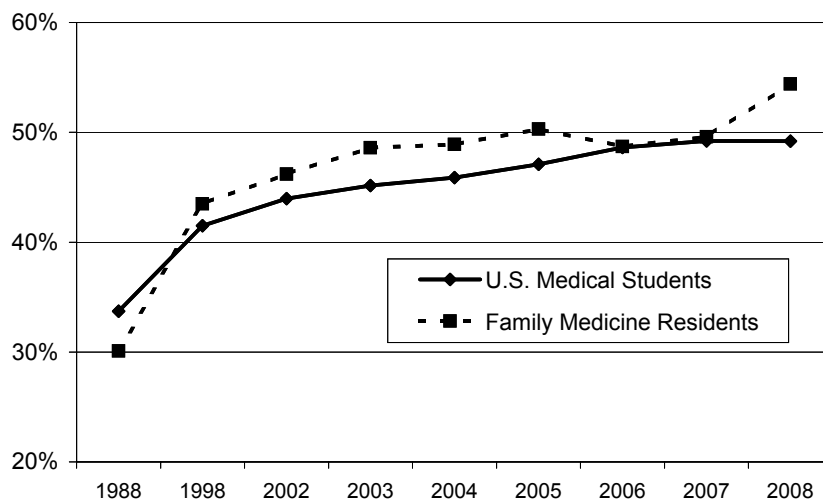
*Evidence-based Student*

*Interest Initiatives*

Numerous studies continue to attempt to identify and understand drivers of student interest in family medicine.<sup>11</sup> In 2005, the AAFP launched its evidence-based portfolio approach to student interest. Initiatives in four key areas of focus include: (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

Figure 10

## Women in Medical Education



Source: US medical school enrollment during 20-year period, by sex. JAMA 2008;300(10):1225.

residents to serve as role models and mentors for young premedical and medical students.

#### 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.<sup>1,13</sup> Disparaging remarks made to medical students about an interest in family medicine by faculty and residents is a commonly cited experience.<sup>14,15</sup> 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.”<sup>16</sup> 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.<sup>3</sup> This supports the misconception that being a family physician is “too easy” for the typically motivated medical student.<sup>3</sup>

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.<sup>1,13</sup> 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.<sup>14</sup>

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.<sup>15</sup> 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.<sup>17</sup> 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 Gender

The number of women in medicine in the United States has increased considerably in the past 20 years. So has it been in family medicine, where the percentage exceeded that of medical school enrollment in the late 1990s and achieved parity with men in 2005 (Figure 10). In 2009, 56.2% of family medicine residents are women.

#### Medical Student Debt

As medical school indebtedness continues to escalate to an average of more than \$155,000 at graduation, consideration must be given to the motivation of the applicant pool toward primary care careers.<sup>18</sup> 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.<sup>19</sup> 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.<sup>19-24</sup>

### *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<sup>19-21,25-28</sup> as well as internal medicine and pediatric residencies.<sup>25</sup> 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.<sup>26</sup> 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.<sup>21,25-32</sup> 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.<sup>28</sup> 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).<sup>32</sup> More than a decade later, at least 13 LCME-accredited US medical schools still do not have required clinical clerkships in family medicine.<sup>23,33</sup>

### *Match Positions*

In the year 2009, 99 fewer positions were offered in 2009 compared with the previous year (2,555 versus 2,654). For 2009, there was a decrease in the number of positions offered in July (3,284 in 2009 versus 3,309 in 2008). The decline in the number of functioning family medicine programs seems to be continuing (451 in 2009 compared with 455 in 2008, 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.<sup>34</sup> AAFP workforce policy, last adopted in 2006 and revised in 2009, 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.<sup>35</sup>

### *Income*

The turbulence of the US health care environment<sup>36-41</sup> and increasing student debt<sup>18</sup> 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.<sup>42</sup> 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 \$161,000 per year on average, the current reported net income for family physicians remains significantly lower than for most other specialists.<sup>43</sup>

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. Further analysis continues to support the link between specialty choice and salary, including a study highlighting the linear association between specialty income and high Match rates.<sup>44</sup> 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.<sup>45</sup> These issues must be addressed not only to attract more students to primary care careers but also to ensure the financial stability of the current primary care infrastructure of the nation. Investments into the nation's primary care infrastructure will support patients' access to the kind of care that is most needed to prevent illness, intervene early, and avoid further disease and disability.

### *Workforce*

The AAFP continues to focus efforts on analyzing the current generation of premedical and medical students, reflecting their interests and addressing their concerns.<sup>46</sup> The current number of family medicine residencies continues to decline; in 2009 there are 451 family medicine residency programs with about 3,200 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.<sup>35</sup> Evidence is mounting that a health system built on a foundation of primary care is not only ideal in terms of patient care outcome,<sup>47</sup> but it is also what patients want.<sup>48</sup> Generalists make up fewer than 40% of total physicians, while family physicians

represent 40% of generalist physicians in the United States.<sup>35</sup> However, family physicians are the most likely specialty to practice as generalists, as well as to serve rural and underserved populations.<sup>49-51</sup> 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.<sup>52,53</sup> The Robert Graham Center recently completed its comprehensive work on specialty and geographic distribution of the physician workforce. In that study, researchers found that “Primary care physicians now make up slightly more than one third of the physician workforce, yet only slightly more than one fifth of our current students are interested in a primary care career, [giving] little hope of resolving a long-standing specialty maldistribution or securing Patient-centered Medical Homes for all Americans. The report included summary recommendations for strengthening the nation’s primary care infrastructure, such as establishing a national health care workforce entity, shoring up support for programs like the National Health Service Corps, AHECs as training facilities, and Title VII funding for primary care education.<sup>54</sup> The AAFP will update its workforce policy statement in 2009, which will also reflect many of these recommendations that will support the nation’s family medicine workforce and its primary care infrastructure.

### Value Proposition

It is a well-accepted concept that the United States needs more family physicians.<sup>55,56</sup> Since 2006, family medicine has been the most recruited medical specialty in the nation.<sup>57</sup> 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.<sup>1</sup> 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.<sup>58</sup> 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, but that increase was not sustained in 2009. The percentage of US seniors choosing primary care specialties still 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 aging adult population will be worse than originally projected as fewer internists are pursuing generalist careers, and family physicians will be increasingly important in the provision of this care.<sup>59,60</sup>

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.<sup>61</sup> 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.<sup>62</sup>

Over the past 13 years, 19,363 US seniors matched into family medicine residencies in spite of the often-negative influences from within and outside of the medical education environment. 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 results of the 2009 Match provide further evidence of the challenges facing the discipline and the need for redoubled efforts to impact student interest in family medicine careers. This is a critical step in ensuring that everyone in the nation has access to a Patient-centered Medical Home with a family physician.

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