Over the past 4 decades, the number of medical students matching in family medicine has followed a sinusoidal curve. The 1960s were a period of major decline in graduating medical students entering general practice, reflecting the post-World War II “age of specialization” (I remember reading about that as a child in the World Book Encyclopedia update circa 1960). The growth of family medicine residency programs and medical students matching in the new specialty in the 1970s are upswing curves we are all familiar with (at least those of us with some grey hair).

The 1980s was a decade of rapid cost inflation in health care, and incomes for procedurally oriented specialists rose as fast as major league baseball players incomes. I was a predoctoral director in the 1980s and commented that going into family medicine was like being a missionary. The Match in 1988 was known as “black Tuesday” with precipitous declines for both family medicine and internal medicine.

Family medicine made a comeback in the 1990s riding the wave of managed care. There were all-time highs in students matching into family medicine in 1997. The backlash against managed care and other factors resulted in steady declines since then. Now, in 2010, family medicine and primary care are poised for a comeback with expanded access to health insurance coming and the need for accountable care organizations wanting a foundation of primary care using a Patient-centered Medical Home model. The 2010 Match with US seniors is showing the first signs of recovery. The early signs are that here we go back in favor again.

What does this up and down in the Match mean to the growth and development of family medicine as a specialty and to family medicine education? The practice of family medicine during these same 4 decades has been much more stable. The number of residency programs and residency positions peaked in the late 1990s but only declined modestly during the past decade. New residency programs are springing up again as the need for primary care has become more acute.

International medical graduates have populated our residency programs over the past decade in large numbers providing substantial diversity. The quality of students entering family medicine remains strong. I serve on the Board of Directors of the Pisacano Leadership Foundation, and the number and quality of applicants for Pisacano Scholarships over the past decade have remained steady and incredibly impressive. I served on the Board of Directors of the American Board of Family Medicine, and the graduating resident board scores have remained strong as the number of diplomates continues to grow. Despite the downturns, family medicine remains the second largest specialty behind internal medicine and the largest if you consider that most internists subspecialize.

As reflected in this issue of Family Medicine, the evolution of scholarship in family medicine has been steady and impressive. Opinion pieces have given way to more rigorous analytical and quantitative research. The articles by Myerholtz et al, on a communication assessment tool, and Bloom et al, on an evaluation of an electronic medical record implementation are both sophisticated scholarship.

Family medicine has stayed the course despite the ups and downs of medical student interest and selection of the specialty. Family medicine is a “high road” specialty and central to the solution of what ails health care in America. Pride in being a family physician or a family medicine educator remains consistent and strong. My observation is that general surgeons seem to be in a funk these days but not family physicians.

What will be required to support and sustain an upswing in family medicine? Not the same style of practice that characterized the last decades of the 20th century. We are now in a new information age, and the population no longer needs us for medical information; it is everywhere. People want control
over their own health care, and they will soon have the tools to manage much of their own care. The interpersonal advising, coaching, and healing skills of the family physician become primary, a trend that the founders of the specialty would smile about.

Riding a positive wave of medical students matching into family medicine is a lot of fun, and I’m glad to get another ride with that before I retire. If we seize the information age and develop new models of education and practice that keep family physicians and others on the team central to the health of populations, this upswing might just last longer than a decade and achieve a new level of stability. Family medicine is also an eternally optimistic specialty.

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