The Length of Training Pilot: Does Anyone Really Know What Time It Takes?

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BACKGROUND AND OBJECTIVES: With funding from the American Board of Family Medicine, the Review Committee for Family Medicine of the Accreditation Council for Graduate Medical Education has undertaken a project to examine the length of training for family medicine residents. This project comes at a time when concerns are being raised regarding how well family medicine residents are being prepared for independent practice, especially in view of the changing health care environment. The declining performance of recent graduates on the American Board of Family Medicine certification examination and reports of narrowing of the scope of practice of family physicians have only heightened these concerns. This special article is meant to provide a historical review of the issue as well as an overview of the project.

Currently, the required length of training for a family medicine resident is 3 years. This time period was established more than 40 years ago and was based on expert opinion with little if any support from the educational literature. During the development of the initial requirements and as noted in the Millis report, most physicians were spending 4 or more years in internship and residency training in response to three factors: the growing amount to be learned, hospital needs for house staff, and the attitude that “My field is more difficult than yours, so the residency should be longer, and anyway a long residency looks good and adds to prestige.” In parallel, the Willard report indicated that training would require more than 3 years after medical school, and 4 years would be the more usual requirement. With that said, the Willard report did indicate that a more efficient approach would allow an excellent program to be presented in 3 years if circumstances are favorable for this approach.

Since those early recommendations, the length of training in family medicine has been 3 years. Due to concerns raised following the implementation of resident duty hours in 2003, the issue of the length of training has been raised again. In an editorial by Saultz, several issues regarding length of training were delineated: more to teach now than ever, 3-year duration not as long as it used to be (ie, less work hours and low visit volume in family medicine center), significant minority of faculty and residents favor such change, specialty failing to attract sufficient students, quality of care and quality of service both lacking in American health care systems, and risk of becoming stagnant field, focused on our past and on our traditions with insufficient innovation. Several other medical educators voiced similar concerns.

More recently, proponents of a 4-year residency training period suggested that the additional length of training would provide a longitudinal educational experience in continuity of care with patient population based in community practice setting. Further, a lengthened period of training would provide the capacity for trainees to customize their residency experience by selecting a “value-added” component to their training.

While some family medicine educators support increasing the length of residency training, others do not. Further, the medical literature provides mixed support for the increased length. A survey of residency applicants found that lengthening training to 4 years would have neutral or positive effect on applicants’ interest in family medicine training in Oregon. In contrast, preliminary findings of a student survey found that 72% considered 3 years to be optimum length for family medicine residency, compared to 21% who felt 4 years was ideal length of time. Additionally, a majority of responding Uniformed Services Academy of Family Physicians members

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indicated that 3 years was the optimal length of family medicine residency.

While valid arguments exist for maintaining or extending the length of training for family medicine residents, either recommendation would currently be based on expert opinion only with little evidence to support either option. Despite any disagreement regarding the most appropriate length of training, both sides of the discussion agree that medical education in family medicine needs to adapt to a changing health care environment and prepare family physicians to effectively manage both individual and population health. To do so, several options exist: increase intensity of training and revise requirements and curricula to more efficiently train residents; maximize the use of information technology during training and practice; improve integration of graduate and continuing medical education, more effectively addressing the needs of the individual physician in the specific patient care environment; and revise the curricula and expectations of the fourth year of medical school.

While several options are present to better prepare family physicians, increasing the length of residency training is a logical alternative that requires further study. Specifically, the Family Medicine Length of Training Pilot will examine whether extending the length of family medicine training to 4 years through the development of innovative training paradigms further prepares family physicians to serve as highly effective personal physicians in a high performance health care system. In addition and maybe more importantly, the innovations tested in residencies participating in the pilot are expected to inspire and guide substantial changes in the content, structure, and location of training of family physicians and guide revisions in accreditation and certification requirements.

To complete the objectives of this project, a Steering Committee has been appointed by the Review Committee for Family Medicine (RC-FM) and the American Board of Family Medicine. The Steering Committee is providing direct project management and will select both participating residency programs as well as a core evaluation team. Approximately 25 participating residency programs in both a study (4 years of training) and control (3 years of training) group are being sought. The core evaluation team will work with the participating residency programs and Steering Committee to organize and oversee assessment strategies that will include both quantitative and qualitative measures that include such areas as standardized test scores, patient care experiences, quality of care indicators, scope of practice activities, level of professionalism, patient satisfaction and utilization of quality improvement activities, and principles of evidence-based medicine in practice.

In summary, the Length of Training Pilot Project is an innovative and exciting endeavor for the RC-FM. Beyond learning more about the most appropriate time period for residency training in family medicine, the experiences and results of this project will provide guidance to educators as they further develop curriculum and direction for accreditation and certifying organizations as they revise requirements.

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References