More on the 4-year FM Residency Program

To the Editor:
Having been a residency director for many years, I read with interest the commentary by Drs Saultz and David about the possibility of 4-year family medicine residency. My personal opinion is that this would be the fastest way to eliminate any remaining interest in family medicine residency training.

For years a significant number of residency directors have been calling for more rational change in the curriculum of family medicine residencies. Our residencies do not reflect what actually happens to our graduates once they leave our academic institutions. The fact is that our graduates are actually being called on to provide a more narrow breadth of care than those of us who graduated 3 decades ago. Fewer of our graduates will do hospital care, obstetrics, or surgical procedures than in the past. Instead our graduates are being asked to be more efficient, to handle outpatient treatment based on evidence, and to work on more collaborative methods of communication with patients. A key finding in the Future of Family Medicine Project was that patients were not looking for a doctor who could take care of all aspects of their care or even their entire family but rather were looking for one with whom they could communicate effectively.

To train family physicians for these new skills, I would suggest that we should reduce our curricular requirements to allow more flexibility in elective rotations. All residents should rotate through core rotations that serve as the basis for a good family physician. We can, however, lessen some of the exposure to hospital rotations, general surgery, and subspecialty rotations that do not play a major role in graduates’ future practices. In fact, we do currently have a number of 4-year residencies that are provided by sports medicine, geriatric, and obstetric fellowships. Certainly we should continue to offer these. However, for the vast majority of our residents, rather than increasing training time, we should refocus the curriculum to make each of them an outstanding outpatient physician with superior communication skills to those found in any other specialty.

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Authors’ Response:
We thank Drs Blake and Stockton (and Thomas Schwenk, MD, whose letter was published in the October 2004 issue of Family Medicine) for their support of our ideas regarding lengthening the family medicine residency to 4 years.

The challenge is to determine how we might actually accomplish the most important changes called for in the Future of Family Medicine initiative. The report of Task Force II of the Future of Family Medicine Project (1) recommends:

That, in the interest of promoting active experimentation in family medicine education, the relative merits of 3-year versus 4-year training programs be evaluated through a national experiment based in pilot programs approved by the ABFP and RRC-FP that will measure and report on learning, outcomes, costs, benefits, and disadvantages.

It will be difficult to convince the Accreditation Council for Graduate Medical Education (ACGME) to allow both 3- and 4-year residencies to take place at the same time and even more difficult to ensure adequate funding for those programs that choose to pilot test a 4-year model. The strongest residencies would be the most logical choice to carry out such an experiment. But what would be their incentive for doing so, and how would we avoid a selection bias in our experiment? Does anyone really think that medical students would agree to be randomly assigned to the pilot programs? Experimentation with the educational model is essential, but the length of such training should not be an experimental variable. Either 3 years is enough or it isn’t.

Drs Dysinger, Testerman, and Fields each offer specific ideas for increasing the flexibility of family medicine training, and we thank them for contributing to the debate. Nevertheless, both approaches concern us. Dr Dysinger’s and Testerman’s comments support innovation and increased curricular flexibility. But recall that Task Force I of the Future of Family Medicine project recommends increased, not decreased, standardization in the scope of services offered by family physicians. How do we prevent excessive variability in the product if we allow increased variability in the training process? In our view, Dr Fields’ suggestions might reduce quality and lower our training to the least common denominator. We believe that the family medicine residency should become more rigorous and that making it so will attract and not deter the best students.

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REFERENCE
1. www.annfammed.org/cgi/content/full/2/suppl_1/s51.