Every year, family medicine faculty members and policy leaders anxiously await the results of the national residency Match, and it seems that every year we are disappointed by the results. In this issue of *Family Medicine*, we again publish the American Academy of Family Physician’s annual report on the allopathic match.¹ In 2011, 8.4% of allopathic medical students and 15.6% of osteopathic students will enter family medicine residencies.² That this is an increase from 2010 is small conciliation when one considers how many family physicians the nation needs. Should we be satisfied that nearly all of our residency positions were filled by July 1? Is it of any concern to us that the majority of entering residents continue to be from osteopathic or international medical schools? What does this say about American medical schools? What does it say about us?

Imagine that you were asked to start a brand new medical school for the purpose of producing the highest possible number of graduates to enter family medicine residencies. Given complete control of everything about the admissions process and curriculum, what is the best you could expect to do? Could you get 100% of the students to enter family medicine? Could you get 75% of them? If you’ve been around long enough, you know that this experiment has been done. In fact, it has been done over and over again. Frustrated with existing medical schools, we have opened 29 new allopathic schools and 21 new osteopathic schools in America since family medicine began 42 years ago.³ Many of these schools were started for the expressed purpose of producing more primary care physicians. Each time, we try to do better, and each time we regress to the mean. No school has been able to consistently attract over 30% of its students into our discipline. The experiment is over; the results are known.

And yet, we still analyze the Match and blame medical schools for not producing more family physicians. We cite data about student indebtedness and the salary difference between primary care and specialty care physicians. We berate medical schools as “toxic environments” and blame faculty in other specialties for saying nasty things about us. Certainly, it is true that there are significant differences from one school to the next in the output of family physicians. But even those schools that do the best fall far short of the public need. The highest output this year from an allopathic school was from the University of New Mexico (22.7%), and the highest output from an osteopathic school was from the Touro University in California (23.3%).² This might be acceptable if thousands of students were choosing other primary care disciplines, but this is clearly not the case.

Maybe it is time for us to think differently about this. Maybe the problem is not the medical schools. If we take a hard look in the mirror, other theories emerge. Medical students live in a culture that is increasingly individualistic and materialistic, and they are entering a profession beset by major problems. Altruism still appeals to many of them, but it comprises a major factor in career planning for no more than a third. We do very well with that third. That is why the 40-year experiment always seems to max out at 30%. Family medicine attracts the same phenotype it has always attracted, those who want to have careers of service to the community, to care
for the underserved, to correct social injustice. Of course, some of these young people choose specialties other than family medicine for altruistic reasons. We have no monopoly on virtue. But there just are not enough such young people to be heard above the clatter of self-interest that American medicine and indeed American culture has become.

Furthermore, our discipline can easily look like a lost cause to skeptical students. Family medicine is the most daunting intellectual challenge a medical student can contemplate. This was true in 1969, and it is even more so today. But do students see our work as the most powerful way to use their talents and years of education? Do they see a field embracing innovation and creating its own scientific discoveries? Not yet. Early in our history, family medicine was a bastion of small business medical practice in local communities. Today, we lack a sufficiently compelling business model to attract students interested in the business of medicine, and most of our graduates look for jobs instead of opening practices. So entrepreneurial students and research-oriented students make up only a small portion of entering family medicine residents. We are now well into a process of transformation that represents the first major restructuring in how we care for people in our discipline’s history. These changes have the potential to attract such students, but thus far there is little to suggest equally sweeping changes in how health care dollars are apportioned. All of our reform efforts could fail if there is not a redistribution of resources and there are disturbing signs that reimbursement reform is faltering.

Medical schools cannot solve the problem with student interest in family medicine. Fixing this will require major societal changes. As long as the American people are willing to spend more of their money on cell phones than they spend on primary care, we will see the same outcome as we repeat the 40-year experiment year after year. While we certainly can advocate for social change, we must also come to terms with our own role in this mess. Attracting more students to family medicine will require us to embrace new ideas in ways that can be threatening to our traditional values, and we have serious work to do before we can demonstrate which of our traditions are essential and which are due for retirement. Creating innovative new care models and new business models is the most important work we can do in academic family medicine. If we build the right models, the best students will flock to them. Hope is a seductive thing. It will defeat despair every time, but only if we see the world as it is and dedicate ourselves to making it what it should be.

References