Four-year Training in Family Medicine: Strength Through Versatility Using the Uniformed Services as a Model

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BACKGROUND: There is concern regarding the number of US medical graduates choosing careers in primary care. To address this, the American Academy of Family Physicians (AAFP) Future of Family Medicine project has recommended increasing the length of family medicine residency from 3 to 4 years as one way to increase student interest in family medicine. Given increasing training requirements for family physicians, we investigated attitudes within the military regarding 4-year postgraduate training in family medicine.

METHODS: A survey exploring attitudes toward extended training in family medicine was distributed electronically to all 1,659 members of the Uniformed Services Academy of Family Physicians.

RESULTS: Most (68%) respondents felt that extending family medicine training to 4 years would not increase interest in family medicine. The mean suggested length for appropriate family medicine training, however, was 3.5 years. Respondent support for increased duration of training increased when coupled with certificates of added qualifications (CAQ).

DISCUSSION: While military family physicians do not believe that extending family medicine residency to 4 years will increase interest in the discipline, they do acknowledge that extending training beyond the current 3-year model would be beneficial. Because of the central role of family physicians within the military health system, military family medicine residencies present an ideal environment for examining educational outcomes using 4-year training models.

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The breadth of knowledge required for the successful practice of family medicine is extraordinary. Family physicians treat a broad spectrum of disease across the spectrum of life. Following World War II, it became apparent that 1 year of internship (required for general practice) was insufficient training for individuals to become comprehensive physicians. Changes in requirements for hospital privileges and board certification led to a proliferation of medical specialization, and in 1969, family medicine was established as America’s 20th medical specialty.

Over time, changes in reimbursement structures and the increasing burden of undergraduate and medical school debt have led to declines in the number of students matching in and pursuing careers in the primary care specialties (family medicine, general internal medicine, and general pediatrics). Recent data suggest that only 16%–18% of the nearly 25,000 medical students graduating annually in the United States will choose a career in primary care. Only 7.9% chose a career in family medicine. In 1999, 2,024 US seniors filled 3,265 family medicine positions (62.0% fill rate), while in 2010 only 1,184 US seniors filled 2,630 spots (45.0% fill rate). Despite an increasing demand for primary care physicians, interest in primary care disciplines remains lukewarm. Some models predict there will be a shortage of 40,000 family physicians by 2020.

One change in family medicine training that has had some interest is extending residency from 3 to 4 years. When queried in 2000, 27% of residency directors, 32% of residents, and 28% of practicing physicians favored extending family medicine training to 4 years. A 2006 survey of Oregon Health & Sciences University (OHSU) family medicine residents found that 78% would choose...
4-year training if coupled with additional content. Despite this encouraging evidence, few residencies have adopted the 4-year residency model.

Military family medicine residencies are currently 3 years in length. All military programs adhere to the same Residency Review Committee requirements as civilian programs. Military family physicians often practice in austere environments that require a broad set of competencies, including advanced trauma training, preventive medicine, disaster medicine, and humanitarian medicine. This report highlights attitudes of members of the Uniformed Services Academy of Family Physicians (USAFP) regarding 4-year family medicine training.

Methods

The USAFP is the eighth largest chapter of the American Academy of Family Physicians, with 1,659 active members. Nearly 65% of all military family physicians are members of the USAFP. These individuals serve in the US Army, Navy, Air Force, Coast Guard, and Public Health Service. Military family physicians are typically assigned to educational, clinical, operational, and executive jobs. There are currently 17 military family medicine training programs with 417 associated training slots.

Following approval from the Uniformed Services University (USU) Institutional Review Board, we asked USAFP members to provide their opinions about 4-year residency training in family medicine. Participants were asked “What do you think the optimal for residency training in family medicine is?” (options ranged from 2 to 4 years); “Extending residency training to 4 years will help attract students to family medicine” (Likert scale: 1=strongly disagree, 3=neutral, 5=strongly agree); “If available, I would support extending training to include a fourth year to obtain additional certification” (Likert scale). Respondents were also asked if they had ever been a faculty member at a residency teaching site. Additional data regarding demographics (age, gender, year of graduation, additional qualifications, and military rank) were also included.

A link to the survey was electronically mailed to all USAFP members. Survey Monkey® software was used for survey administration and data collection. All responses were returned electronically and anonymously collated. Data were exported to SPSS (Chicago, v. 16). Basic descriptive statistics and chi-square analysis for categorical comparisons were used for statistical analyses.

Results

A total of 410 physicians responded to the survey (25% response rate). The average respondent was 42 years of age (SD=8 years); 70% of respondents were male (Table 1). Forty-three percent of respondents reported having a faculty appointment, and 30% of respondents stated that they had obtained a certificate of added qualifications (Table 2). Seventy-three percent of respondents completed their residency training at a military site. When asked about their attitudes regarding 4-year training in family medicine, a majority of respondents (68%) disagreed with the idea that extending family medicine training would increase interest in family medicine. When asked the optimal length of family medicine residency training, 43% of respondents felt that 4 years was the appropriate length while 56% preferred 3 years, and 1% preferred 2 years of post-graduate training. The mean length of suggested postgraduate training was 3.4 years. However, when coupled with a certificate of added qualifications, 60% of respondents supported a 4-year training model. No differences in attitude among respondents of different ages, gender, or service affiliation were noted. Residency faculty were more likely to support extending training than non-faculty (52% versus 36%, \( P<.01 \)).

Discussion

Patient health care outcomes are directly proportional to the primary care base available to a regional population. Simply put, the more primary care physicians in a given geographic area, the better the health of the public. Unfortunately, however, US medical schools have experienced a marked decline in interest in primary care. This particularly impacts the disciplines of family medicine, general internal medicine, and general pediatrics.

The reasons for this declining interest in primary care are multifactorial. Increased medical school debt pushes many students to...
higher-paying subspecialties. A perception of decreased "prestige" in primary care disciplines drives others away. Today's residents voice concern about the need to "learn more and learn faster." When combined with current changes in health care reform and work hour restrictions, the timing is right for the family medicine community to reevaluate traditional models of residency training. A number of authors have spoken in favor of extending family medicine training from 3 years to 4 years.6,8,9

The University of Arizona is one facility that has successfully implemented a cost-neutral 4-year residency option.9 Over time, both the number and quality of US applicants to their program has increased. Our results indicate that nearly half of USAFP members believe 4 years is the optimal length for family medicine residency. Support for a 4-year training model is further increased when either a master's degree or a certificate of added qualifications is included as part of the additional training. We believe this indicates that the time is ripe for the development and implementation of a 4-year option within military family medicine residency programs.

Military residency programs potentially serve as an ideal laboratory to test the viability of a 4-year training program due to many of the unique qualities of the Military Health System (MHS).10 The MHS has a large and well-integrated educational system that includes 17 family medicine training sites. The MHS also has a large enrolled patient population. The beneficiary population of 9.2 million patients across the MHS allows for relatively closed empanelment at each family medicine training program. This permits assigning each resident a demographically diverse population for training purposes. The MHS is also linked by a central electronic medical record (EMR). This allows for seamless care across diverse geographic sites and between different medical specialty clinics within the same hospital. This meaningful use of information technology promotes continuous and comprehensive patient care.

This study has several important limitations. The response rate was only 25%. The fact that 40% of the membership is deployed at any one time in support of military operations around the globe helps explain the relatively low response. Additionally, survey respondents were demographically similar to the USAFP membership at large. Another potential limitation is the question of generalizability to civilian training programs. The fact that military programs adhere to the same residency review criteria as civilian programs makes this less of a concern.

With the recent passage of health care reform, much has been said and written about the central importance of primary care in the American health care system. Our findings suggest that the military community is willing and able to study changes in residency design within the military health system. The central and strong role of family medicine in the military health system offers an opportunity to study implementation of a 4-year training paradigm to help deliver a group of more broadly and competently trained physicians to provide care in tomorrow's medical home.

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References

Table 2: Response Characteristics

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<th>Four-year training would increase interest in family medicine</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
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<td>Would support 4-year training with addition of Certificate of Added Qualifications</td>
<td>12%</td>
<td>7%</td>
<td>10%</td>
<td>30%</td>
<td>41%</td>
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