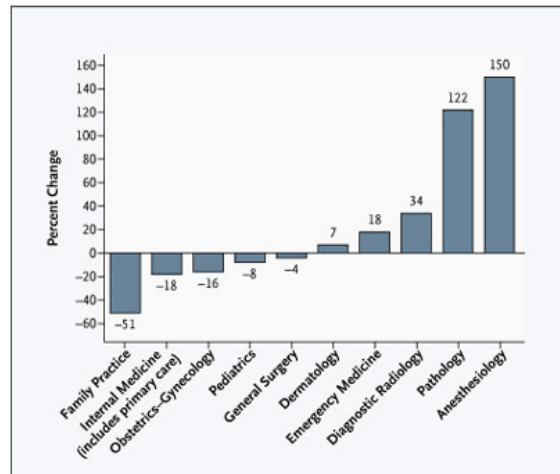


Medical Education Expansion and the Future of Primary Care

Evidence shows primary care is associated with improved quality, decreased costs, and better outcomes in health systems¹⁻³. However, recent trends in residency selection show young physicians are moving away from primary care. Family medicine programs are filling 15% fewer first year residency positions than 10 years ago with less than 50% of these positions filled by U.S. medical school graduates⁴. Compared to 8 years ago, 20% more internal medicine residents are opting for subspecialty training⁵ and more general internists are becoming hospitalists. The Society of Hospital Medicine reports over 20,000 hospitalists currently practice in the U.S. compared to just a few hundred in 1997. 82% of hospitalists are trained in general internal medicine⁶. These factors all indicate fewer internists are entering primary care practice. Trends in residency selection are seen in Figure 1.

Figure 1: Trends in Residency Selection – 1998-2006



Source: *The New England Journal of Medicine*. “Becoming a Physician: Primary Care – The Best Job in Medicine?” August 31, 2006.

Research indicates a number of factors affect medical students’ decisions to enter primary care, including:

- Primary care preference at medical school matriculation.
- Positive primary care experiences during medical school - including required third year family medicine clerkships, continuity experiences in primary care, primary care tracks, full time family medicine faculty and primary care mentors⁷⁻⁹.
- Student debt and expected income – Colquitt found as debt increased relative to expected income, the likelihood of choosing a primary care field declined¹⁰.
- Perception of poorly controllable lifestyle, defined as personal time free of practice requirements and control of total weekly hours spent on professional responsibilities¹¹. Primary care specialties are generally considered to have “uncontrollable” lifestyles.

The Council on Graduate Medical Education (COGME) and the Association of American Medical Colleges (AAMC) are predicting physician shortages in the near future and are calling for major increases in medical school enrollment and residency positions^{12,13}.

How will this expansion address the primary care needs of the country? If current training trends persist, expanding US medical education without implementing programs and infrastructure to promote primary care at medical school, residency and practice levels will likely increase the gap between the number of specialists and primary care physicians while exacerbating cost and access problems.

Policy makers must address this looming problem as they consider expansion. Potential policies include:

- **Medical school admission policies favoring applicants with primary care interests**
- **Implementation and maintenance of a positive primary care teaching environment.**
- **Hospital training incentives and Medicare GME funding to promote primary care residency programs.**
- **Expansion of scholarship and loan repayment programs promoting primary care.**
- **Incentives for primary care practice and innovations to improve lifestyle.**

Particularly at this time of expansion a strong educational commitment to primary care will be essential to developing a balanced and efficient medical workforce in the future.

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July 2008

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