THE JOURNAL OF FAMILY PRACTICE
JFP

On the Discovery of Primary Care

Primary care is being discovered by our medical schools. A three-day Institute on Primary Care was recently held in Chicago under the auspices of the Association of American Medical Colleges. Assembled for the first time to explore this subject were deans and representatives from academic departments of medicine, pediatrics and family practice throughout the country, as well as representatives from government, private foundations and other interested groups. Current issues in primary care were addressed, including the organization of model systems for primary care practice and education, graduate physician training in primary care and new directions in health science education.

John P. Geyman, M.D.

The principal focus of the Institute was placed on the multi-specialty approach to primary care, and the planning and format of the meeting reflected minimal Family Practice input. In a keynote address Dr. Robert G. Petersdorf cautioned Family Practice to control an excess desire to reproduce the species, and advocated sufficient quality control of its programs and recognition of its limitations (especially in hospital care). He suggested that the major need for family physicians is in rural areas and particularly in ambulatory care. At the same time, Internal Medicine's problems related to primary care were described in terms of myopia and schizophrenia; he called for a shift of emphasis from subspecialty training and the training of an increased number of general internists to particularly meet primary care needs in urban and suburban areas. Although these views were clearly not fully shared by many of the participants, it is fair to say that considerable anxiety was evidenced about the future role of the general internist and pediatrician in primary care.

The increased interest in primary care by academic medicine in this country is overdue and needed. With the demand for primary care physicians becoming increasingly acute each year, a maximal response is required. A goal has been set by the Coordinating Council for Medical Education for 50 percent of medical graduates to enter the primary care fields of Family Practice, Medicine and Pediatrics. Redistribution of total graduate medical education will be needed to meet this goal. The training of family physicians alone cannot meet all the needs. Plural approaches will be needed, including the general internist, pediatrician and others who may provide primary care. Since, however, the family physician is specifically trained to provide primary care for individuals and their families regardless of age, sex or presenting complaint, we should build on the excellent progress to date of Family Practice as our single strongest approach. We must preserve the present breadth and depth of residency training which currently prepares family physicians to provide quality primary care of families in urban and suburban areas as well as rural areas, and in the hospital as well as the office.

Several directions will be necessary as we enter a phase of redistribution among medical specialties in response to societal needs. We must carefully evaluate and document the experience of various education and practice models. We must explore new linkages between departments in medical schools and develop new relationships in a cooperative atmosphere. Family Practice as a specialty must retain its identity as a specific approach to primary care, carefully evaluate its programs, more fully define and articulate its academic discipline to other departments and explore new ways to contribute its strengths in medical education. As academic medical centers decide how best to meet changing needs for numbers and kinds of medical graduates, primary consideration must be given to the needs of the patient, the family and the community instead of the self-interest of any institution or clinical discipline.

John P. Geyman, M.D.
Editor