Practice Objectives and Goals: A Survey of Family Practice Residents

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This study shows that the majority of family practice residents initially become aware of individual community needs for family physicians in either medical school or early in residency training, but the final decision in regard to the selection of a specific community for private practice is not generally made until late in the third year of residency training. When the final decision as to practice location is established, the family practice resident and his family have regarded at least six different factors as significant. Most family practice residents will enter private practice as members of a group practice, rather than as solo practitioners.

There is a direct relationship between the population of the family practice resident's home community and the size of the communities being considered for private practice. The most influential recruiting technique is personal contact by the physicians and citizens of the community, whereas the least effective method of recruiting is through printed material distributed through mail service.

Family practice programs in medical schools and community hospitals are regularly beseiged by physicians and communities alike to "tell" them how to recruit family physicians to their areas. The available literature, however, provides very little specific information related to the anticipated geographical distribution of graduating physicians from family practice residencies. The purpose of this paper is to report the findings of a study exploring this question.

Methods

In an attempt to gather data on family physicians in training and on their future practice objectives and goals, a questionnaire was designed to answer the following questions:

1. What relationships exist between the physician's hometown and the community in which he plans to practice?

2. What techniques, if any, have communities successfully used to influence the recruiting of the young physician?

3. What role does the physician's family play in the selection of a practice location?

4. What are the factors considered by the young family physician in the community selection process?

5. At what stage of training do most family practice residents decide upon their practice location?

6. What type of practice do most family practice residents plan to enter?

Questionnaires were sent to 26 university hospital or university hospital affiliated family practice residency programs and to 34 community hospital family practice residency programs selected randomly from diverse geographical areas of the United States. This represented 30 percent of the functioning or operational family practice residencies. An accompanying letter to the program directors enlisted their assistance in encouraging their residents to complete and return the questionnaire by mid-October, 1974. Separate tabulations were maintained between the university hospital and affiliated programs and community hospital pro-

Table 1. Factors Considered Significant in Choice of Family Practice Residency

	University				Community				Total	
	1st	2nd	3rd	Subtotal	1st	2nd	3rd	Subtotal	%	Number
a.	32	24	23	89	39	40	32	111	74	200
b.	39	21	18	78	47	46	36	129	77	207
c.	18	9	12	39	20	22	12	56	35	95
d.	13	6	10	29	23	21	14	58	32	87
e.	18	12	5	35	31	27	21	79	42	114
f.	32	16	13	71	40	36	25	101	64	172
g.	36	17	19	72	44	29	34	107	66	179
h.	4	5	0	9	6	5	6	17	17	26

a. Overall teaching program of institution
b. Quality of the family practice residency
c. Location of the family practice residency near future practice area
d. Length of time the family practice residency has been in operation
e. Reputation of program
f. Attitude of residents in program
g. Attitudes of Program Director and/or Associate Director
h. Other

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grams in an attempt to recognize any significant variances in any of the investigated areas.

Results

Responses were received from 13 of 26 university hospital programs and 21 of 34 community hospital programs. The total number of individual resident replies was 273, which included 116 from university based programs and 157 from community hospital based programs. These 273 resident responses would account for ten percent of all family practice residents in training.[1] Responding programs were located in a total of 22 states representing the western, southwestern, mid-western, northeastern, eastern and southeastern sections of the United States.

The ages of the family practice residents ranged from 24 to 33 years in each of the three residency years. Sixteen of the residents were female and 253 were male.

Two hundred and fifty residents indicated their present marital status. The combined total revealed 200 married, three divorced, 44 single and three separated.

Responding family practice residents specifically listed 37 states and two foreign countries as their "home" area. The largest number of residents considered their home states as Ohio, Illinois, Kansas, New York, Virginia, Iowa, and California. No significance is implied, in that even though all geographic areas were equally surveyed, the response was not uniform from all the geographic areas. However, the data do indicate that the "home" states with the greatest number of family practice residents also have viable, active residency programs that responded to the questionnaire.

In assessing the medical schools from which the residents were graduated, there were family practice residents from 75 medical schools located in the United States and nine medical schools located in foreign countries. When this was compared to the fact that only two foreign countries were listed in the questionnaire tabulations as the area of origin, it was discovered that seven graduates of foreign medical schools had not completed that section of the survey sheet. The nine foreign medical graduates in a total of 273 replies represents less than four percent of the family practice residents surveyed. This figure is less than the six percent foreign medical graduate participation cited by the American Academy of Family Physicians, but nearly the same as the figure presented at the Primary Care Institute sponsored by the Association of American Medical Colleges in 1974.

It was evident that in terms of the specific city chosen, no statistically significant relationship existed between the geographical location of the medical school and the eventual university or community hospital residency location. It was found, however, that slightly less than 60 percent of the residents remained in the same state or an adjoining state for residency training.

A similar correlation (60 percent) was present when the location of the medical school selected and family practice residency chosen is compared to each resident's state of origin. This would indicate that young physicians interested in family practice compare with other specialty oriented physicians in this respect.[2]

In view of the fact that family practice is a new medical specialty, it

Table 2. Population of Home Community

	1st yr		2nd yr		3rd yr		Subtotal			
	Res	Sp	Res	Sp	Res	Sp	Res	%	Sp	%
University										
a.	6	2	9	2	5	2	20	19	6	12
b.	5	2	5	1	5	5	15	14	8	16
c.	6	1	3	2	7	3	16	15	6	12
d.	5	4	3	0	1	0	9	9	4	9
e.	3	2	1	2	2	2	6	6	6	12
f.	5	3	4	3	4	2	13	13	8	16
g.	15	4	6	2	4	5	25	24	11	23
							104		49	
Community										
a.	11	6	7	4	6	1	24	17	11	14
b.	8	3	4	3	4	4	16	11	10	12
c.	7	4	3	2	5	3	15	10	9	11
d.	9	0	11	5	1	5	21	15	10	12
e.	9	2	6	3	8	2	23	16	7	9
f.	6	6	7	5	3	3	16	11	14	18
g.	11	8	8	4	10	7	29	20	19	24
							144		80	

Totals

	Resident	%	Spouse	%
a.	44	18	17	13
b.	31	13	18	14
c.	31	13	15	12
d.	30	12	14	11
e.	29	11	13	10
f.	29	11	22	17
g.	54	22	30	23
	248		219	

a. Less than 4,000
b. 4,000 – 10,000
c. 10,000 – 20,000
d. 20,000 – 50,000
e. 50,000 – 100,000
f. 100,000 – 300,000
g. More than 300,000

must be recognized that many of the medical schools represented did not have active Departments of Family Practice while these residents were in medical school. No attempt was made to determine if this altered any of the above data.

The residents were specifically asked to indicate their reasons for selecting their present family practice residency program (Table 1). It is apparent that the overall teaching program of the institution, the quality of the family practice residency, attitudes of the residents in the program, and attitudes of the Program Director are major determining factors in the young physicians' selection of their family practice residency.

Although the four most frequent considerations listed in the selection of a family practice residency are very significant, consideration must also be given to the fact that numerous new family practice residency programs have been approved each year for the last four years. It is quite probable that as the new family practice residencies "mature" and the four major "criteria" have been met to the medical students' satisfaction, an important change in the relationship of the state of origin to the location of the family practice residency will occur. This could significantly alter the results indicated in Table 1, showing an increase in category C.

In assessing the population of the home communities of both the family practice residents and their spouses, no significant variances were found when community hospital family practice residencies were compared to university family practice residencies (Table 2). The combined totals revealed that 56 percent of all the residents surveyed list their home communities as having populations of less than 50,000, while 50 percent of the residents' spouses listed their home communities as less than 50,000. When a population of 100,000 or less is used as the reference size, 67 percent of residents and 60 percent of spouses were in this category.

In the data related to the size of the communities being considered for the establishment of their private practices, 73 percent of the residents were considering communities of 50,000 people or less. When communities of 100,000 or less are used as the cut-off point, 86 percent of the residents fall into that category. The Division of Education of the American Academy of Family Physicians surveyed the residents completing an approved family practice residency in 1974. Their data indicated that 76 percent of these family physicians entered private practice in communities of 100,000 population or less. This compares favorably with the prospective data found in this study.

The relationship between the population of the home communities of the residents and their spouses in relation to their proposed practice locations was also analyzed. It is significant that 56 percent of residents and 50 percent of spouses considered their hometowns as 50,000 or less, and 73 percent of the family practice residents plan to practice in communities of 50,000 or less. A similar correlation exists when communities of 100,000 or less are used as the reference point. In addition, if each category of Tables 2 and 3 is individually analyzed, a very significant correlation is apparent. The data reveal that in each population category, the size of the home community and proposed practice location involved nearly the same percentage of residents. Overall, this implies that not only will a large percentage of family practice residents establish their practices in smaller communities but, also, the residents will locate their practices in communities with populations similar to their hometowns.

It should be noted at this point

Table 3. Size Community Anticipated for Private Practice

	University				Community				Total	
	1st	2nd	3rd	Subtotal	1st	2nd	3rd	Subtotal	%	Number
a.	2	2	3	7	10	2	2	14	9	21
b.	3	8	6	17	4	5	4	13	13	30
c.	10	4	2	16	6	1	6	13	13	29
d.	5	2	1	8	10	6	5	21	13	29
e.	8	8	8	24	12	14	7	33	25	57
f.	2	3	4	9	7	3	4	14	10	23
g.	2	0	0	2	1	2	1	4	3	6
h.	3	2	1	6	2	3	3	8	6	14
i.	3	0	0	3	0	2	0	2	2	5
j.	3	2	1	6	1	2	3	6	5	12

a. Less than 4,000
b. 4,000 – 10,000
c. 10,000 – 20,000
d. 20,000 – 50,000
e. Less than 50,000*
f. 50,000 – 100,000
g. Less than 100,000*
h. 100,000 – 300,000
i. Less than 300,000*
j. More than 300,000

*These replies could not be included in the categories above because of the non-specificity of the responses.

Table 4. Role of Family in Selection of Practice Community

	1st Choice		2nd Choice		3rd Choice		Subtotal		Total	
	Univ.	Comm.	Univ.	Comm.	Univ.	Comm.	Univ.	Comm.	%	Number
Passive	9	11	9	10	4	8	22	29	19	51
Active	37	35	19	29	25	28	81	92	81	173

Table 5. Time of the Residents' Initial Awareness of the Need for a Physician in the Community Considered

	University				Community				Total	
	1st	2nd	3rd	Subtotal	1st	2nd	3rd	Subtotal	%	Number
a.	17	8	5	30	25	17	10	52	40	82
b.	4	3	3	10	5	17	5	27	18	37
c.	1	4	7	12	1	14	10	25	18	37
d.	0	0	10	10	0	1	13	14	12	24
e.	3	4	5	12	7	5	1	13	12	25

a. Medical school
b. First year of residency
c. Second year of residency
d. Third year of residency
e. Other

Table 6. Mechanism of Learning about Communities Being Considered

	University				Community				Total	
	1st	2nd	3rd	Subtotal	1st	2nd	3rd	Subtotal	%	Number
a.	22	11	15	48	27	26	21	74	41	122
b.	7	5	12	24	10	17	13	40	22	64
c.	4	5	7	16	7	14	9	30	16	46
d.	3	2	8	13	0	3	8	11	8	24
e.	7	6	5	18	8	8	6	22	13	40

a. Personal knowledge of "hometown" area
b. Personal contact from community physician
c. Personal contact from community citizens
d. Printed material through postal service
e. Other

Table 7. Important Factors Influencing Choice of Practice Location

	University				Community				Total	
	1st	2nd	3rd	Subtotal	1st	2nd	3rd	Subtotal	%	Number
a.	34	21	17	72	43	32	21	96	17	168
b.	35	24	23	82	44	38	30	112	20	194
c.	14	10	9	33	21	15	18	54	9	87
d.	27	14	20	61	29	24	17	70	14	131
e.	20	17	16	53	20	20	26	66	12	119
f.	30	17	23	70	26	29	25	80	16	150
g.	17	13	13	43	14	24	19	57	10	100
h.	3	5	5	13	5	0	4	9	2	24

a. Size of community
b. Geographic area
c. Schools
d. Attitudes of people in community
e. Attitudes of physician in community
f. Hospital facilities
g. Availability of referring physicians
h. Other

that, of the married residents, 81 percent felt that their spouses and families played an active role in the selection of a community in which to establish a private practice (Table 4).

To ascertain the value of various "recruiting" techniques employed by both communities and practicing physicians, two separate but related areas were investigated. The first was the time in the resident's medical training when he (or she) was initially made aware of the need for a family physician in the community being considered for private practice. Forty percent replied that the initial awareness occurred in medical school, while 48 percent learned of the community during their residency training (Table 5). The second area involved the mechanism of the residents becoming aware of the community being considered. Forty-one percent of the residents replied "personal knowledge or hometown area." Twenty-two percent felt personal contact from a physician in the community was important, while 16 percent replied with personal contact from community citizens was significant. The least valuable method of contact was felt to be printed material through the postal service (Table 6).

Table 7 details the relative value of the eight listed categories as viewed by family practice residents in their choice of practice location. It is apparent from the small variance in the percentages in the majority of the categories that the residents are utilizing a multifactorial approach in the selection of their location for private practice. From the data presented in Table 7, however, the two most important factors are community size and geographic area.

It had been my impression that many, if not most, family practice residents had decided upon a practice location early in their residency training. This was an erroneous assumption, as the data computed in Table 8 demonstrate. Of the residents surveyed, 82 percent had not decided upon a practice location. When each year of residency training is considered individually, 25.4 percent of third-year residents, 21.6 percent of second-year residents, and 6.5 percent of first-year residents have decided upon the location of their future practice. This study, therefore, demonstrates that the residents surveyed will make the

decision as to the location of their practice in the final stages of their residency training.

The last area investigated was the type of private practice the family practice residents planned to establish. Eighty-eight percent planned to enter a group practice, while only seven percent desired solo practice. The residents favoring group practice were largely interested in either a two physician partnership or larger family practice group (83 percent) in contradistinction to a multispecialty group practice (six percent). In addition, 92 percent of the resident replies preferred "fee for service" in contrast to a prepaid group plan (Table 9). It was surprising to find that of the 169 residents who did not indicate a preference for the payment mechanism, more than half were uncertain as to the difference between "fee for service" and a "prepaid plan." This may be due either to a confusion in terminology or a lack of knowledge about the difference.

Table 8. Numbers of Residents who have Decided Upon Location for Private Practice and when Choice was Made

	University				Community				Total	
	1st	2nd	3rd	Subtotal	1st	2nd	3rd	Subtotal	%	Number
Yes	4	6	8	18	7	13	9	29	18	47
No	48	29	21	98	50	40	29	119	82	217

Table 9. Types of Practice the Residents Plan to Enter

	University				Community				Total	
	1st	2nd	3rd	Subtotal	1st	2nd	3rd	Subtotal	%	Number
a.	2	3	2	7	5	2	1	8	7	15
b.	5	2	5	12	8	12	9	29	27	41
c.	32	21	12	65	10	7	3	20	44	85
d.	3	4	1	8	1	2	0	3	6	11
a. + b.	0	0	1	1	4	2	1	7	4	8
b. + c.	3	0	2	5	10	6	2	18	12	23
c. + d.	4	1	2	7	1	0	0	1	4	8
Other									1	2

Solo	7%	
Group	88%	
Fee for Service	92%	96
Prepaid Group	8%	8
		104 replies

a. Solo
b. Two physician partnership
c. Larger family practice group
d. Multispecialty group

References

1. Transcript of the Proceedings of the Conference on Teacher Development, Los Angeles, California, October 17, 1974. Kansas City, Missouri, American Academy of Family Physicians, February 4, 1975, pp 3-11

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