

# Student Selection of Family Practice Residencies: A Ten-Year View

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When family practice was first developing as a specialty at the start of the 1970s, various questions were raised about the future level and nature of student interest in this field. Some, particularly the critics of the new specialty, wondered whether the initial burst of student interest would be sustained. Other questions concerned the caliber and characteristics of students selecting family practice. Many observers wondered whether students entering family practice would be different in any way from students entering the traditional clinical specialties.

After ten years of experience, these questions can now be answered, for some definite patterns have emerged that distinguish medical graduates entering family practice residencies from their peers entering other specialties. First, with respect to numbers, the proportion of US graduates selecting family practice residencies increased steadily during the 1970s. The fill rates for first year family practice residency positions through the National Resident Matching Program (NRMP) have averaged about 80 percent over the last four years, slightly above the average fill rates for all specialties. Over the last four years, about 7 percent of US graduates have not matched through NRMP. The proportion of unmatched students with first choice for family practice has ranged from 14 to 20 percent.<sup>1-4</sup> Each year the final fill rate in family practice residencies has exceeded 90 percent (95

percent this year), partly through the efforts carried out through the Hot Line established by the American Academy of Family Physicians to match students who were unmatched by NRMP. The final number of entering first year family practice residents has almost plateaued at about 2,500 per year (about 15 percent of first year residency positions in all specialties). Figures reflecting first year resident enrollment for the other four leading specialties are 35 percent (internal medicine), 13 percent (surgery), 10 percent (pediatrics), and 6 percent (obstetrics-gynecology). The proportions for internal medicine and surgery, of course, are misleading, since large numbers of first year residents in these fields later enter other specialties (eg, neurology, dermatology, other medical subspecialties, psychiatry, pathology, anesthesiology, and the various surgical subspecialties).

Some interesting regional differences in student interest in family practice have been demonstrated. Among US medical school graduates in 1975, for example, those residing in the Midwest (when they entered medical school) were most likely and those from the Northeast least likely to enter family practice.<sup>5</sup> It has also been well documented that medical schools with full departments of family practice and required courses in family medicine graduate higher proportions of students selecting family practice residencies than those without departments and with only elective

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courses in family medicine.<sup>6</sup> Since the few remaining medical schools without departments of family practice are overrepresented in the Northeast, this probably accounts in large part for these differences.

Striking changes have taken place during the last ten years in the patterns of specialty choice among women medical graduates. In 1971, for example, women represented 21 percent of pediatricians, 19 percent of public health physicians, 14 percent of anesthesiologists, and 13 percent of psychiatrists, but only 4 percent of general/family physicians, and 1 percent of general surgeons.<sup>7</sup> By the late 1970s an increasing number of US women graduates were entering internal medicine, family practice, and the surgical specialties.<sup>8</sup> The proportion of women selecting family practice residencies has steadily increased to the present level of about 20 percent of first year resident enrollment. In a recent study in two medical schools of sex differences in specialty choice and personality traits, family practice was the only specialty in which women and men choosing the same specialty appeared to be quite similar in personality characteristics.<sup>8</sup>

There is considerable evidence documenting the high caliber of physicians opting for graduate training in family practice. Studies of the graduates of various medical schools have demonstrated high academic performance on cognitive tests, in some respects equaling or even exceeding the highest scoring group, for those graduates entering family practice residencies.<sup>9-11</sup> In comparison to other specialties, family practice has one of the lowest proportions of foreign medical graduates enrolled in US family practice residencies, averaging about 5 percent of filled positions.

There is also considerable evidence that students selecting family practice differ in several interesting respects from their peers entering other specialties. In two classes of medical school seniors in one medical school, it was found that students selecting family practice attribute greater importance to "orientation to patient care" (eg, helping, working with people, social change) and less importance to "orientation to the profession" (eg, status, colleagues, challenge) than do those choosing traditional internal medicine.<sup>12</sup> Another study of attitudes of medical students showed that students opting for family practice and the other primary care disciplines hold more positive attitudes toward the elderly than are held by their

peers entering non-primary-care fields.<sup>13</sup> One study of personality traits revealed that family practice residents from one medical school scored higher on affiliation need and lower on aggression and materialism than residents in four other major specialties.<sup>10</sup>

All of these developments point to a sustained strong level of interest in family practice among a highly qualified group of US medical graduates. These findings, viewed in the context of low attrition from family practice residencies and high levels of practice satisfaction of graduates of family practice residencies,<sup>14</sup> effectively lay to rest the concerns expressed by some observers during the 1970s and bode well for the contributions of family practice to the health care needs in this country.

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