

# Family Medicine Updates



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## FAMILY MEDICINE MATCH RATE INCREASES FOR 5TH CONSECUTIVE YEAR

Following an anxious week of waiting, graduating medical students recently learned the results of the 2014 National Resident Matching Program (NRMP), commonly referred to as the Match. Those results spotlight a positive trend for family medicine: for the 5th straight year, the number of medical students choosing family medicine ticked higher than the previous year.

Specifically, 3,000 students, including both US medical school graduates and international medical graduates, chose family medicine; that figure represents a 2% increase (62 more positions filled) compared with the 2,938 family medicine spots filled in 2013.

Moreover, of this year's total, 1,416 US seniors matched to family medicine; that's 42 more than in 2013, or a 3% increase.

Finally, a total of 70 more family medicine residency positions were offered in 2014 compared with 2013 (3,132 vs 3,062), yet the higher number of students matching into the specialty maintained the same fill rate of 96%.

When calculating the number of students matching to family medicine, the AAFP Medical Education Division included students who matched into traditional family medicine residency programs as well as into programs that combine family medicine education with other focused training. Those additional programs are:

- Family medicine/emergency medicine
- Family medicine/preventive medicine
- Family medicine/medicine
- Family medicine/psychiatry

It's worth noting that NRMP statistics do not include applications processed through the Supplemental Offer and Acceptance Program that assists students who were not selected by a residency program during the regular Match.

AAFP President Reid Blackwelder, MD, of Kingsport, Tennessee, called the 2014 Match news particularly encouraging in light of the addition of 70 residency positions this year and the uptick seen in the number of US seniors choosing family medicine.

In an AAFP news release, Blackwelder said he was pleased to see the positive trend continue. "As each new first-year class of family medicine residents grows, so does our ability to meet the need for high-quality primary medical care."

In the release, Blackwelder pointed to new AAFP recommendations about family physician workforce reform that concluded the country would need to graduate 65 family medicine residents annually through 2025 to meet the country's demand for family physicians.

"We need to recognize that our work is far from done," he said in a Match day interview with *AAFP News*.

Staff in the Academy's Medical Education Division have produced an in-depth analysis of the information available on this year's Match at <http://www.aafp.org/medical-school-residency/residency/match/nrmp.html>. They will publish additional analyses in late spring and fall as more data become available.

## Forces Driving Student Interest in Primary Care

Why is the country seeing continued interest in primary care as a career choice? Blackwelder suggested that the Patient Protection and Affordable Care Act (ACA) served not only as a vehicle for positive policy changes for primary care, but also as fodder for an abundance of news stories that have grabbed the public's attention.

"There has been a lot of media attention about the need for more primary care physicians in the US health care system," said Blackwelder, adding that the positive press likely had some impact on students.

Employment statistics related to family medicine also tell a powerful story. Data from national health care search and consulting firm Merritt Hawkins are clear; for 7 straight years, family physicians have been the most sought-after physicians in the country, said Blackwelder.

"It's that kind of evidence that can influence medical students looking for the best career opportunity," he noted.

As director of the Academy's Medical Education Division, Stan Kozakowski, MD, spends a good deal of time with medical students on their campuses, and it's not uncommon for him to encounter students in the clinical phase of their training who express surprise at family physicians' scope of practice.

"Students often say to me, 'I had no idea that family physicians could do all of that,'" he told *AAFP News*.

"Or, students move through their clinical rotations, love them all and then suddenly, they realize that family medicine provides all of that variety."

Kozakowski noted that family medicine interest groups (FMIGs)—supported on medical school campuses with funding from the AAFP—have helped create and maintain enthusiasm for family medicine, especially when medical students are given opportunities to rub elbows with family physicians at FMIG events.

"When medical students are exposed to family physicians who are passionate about their work, that passion is infectious," said Kozakowski.

### Payment Issues Continue to Challenge

All that said, payment for primary care services still is not on par with that of subspecialist physicians, a problem the AAFP continues to address through its advocacy efforts at the federal policy level.

"The most immediate way to get more students to go into family medicine is to increase payment for primary care," said Blackwelder.

Provisions in the ACA, including a 10% Medicare incentive payment for services provided by primary care physicians, as well as the establishment of demonstration projects like the Comprehensive Primary Care Initiative, are spurring progress on the primary care payment front.

Ditto for the ACA's support of teaching health centers designed to train primary care physicians in community-based programs and the expansion of the National Health Service Corps. The latter provides scholarships and loan forgiveness for students who agree to provide primary care services in rural and other medically underserved areas.

"I'm encouraged by the changes we've seen in terms of policy and payment reform," said Blackwelder. "Things are moving in the right direction, but we can't let up, especially when it comes to helping alleviate student debt."

"Every advance we make in payment reform must be celebrated and then our efforts accelerated. We have to keep building on payment reform policies in order to attract medical students to family medicine because we need new family physicians to help build the primary care workforce that this country deserves."

*Sheri Porter  
AAFP News*



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## THE CONSEQUENTIAL VALIDITY OF ABFM EXAMINATIONS

Measurement scholar, Samuel Messick, defines validity as "an integrated evaluative judgment of the degree to which empirical evidence and theoretical rationales support the adequacy and appropriateness of inferences and actions based on test scores. ..."<sup>1(p13)</sup> Messick's definition of validity differed from previous validity theorists in that he acknowledged test scores often affect social policy, and thus argued social consequences should be examined. Messick referred to this form of validity as "consequential validity." Shepard<sup>2,3</sup> further clarified social consequences to include both the positive/negative and intended/unintended consequences that may result from score-based inferences. The purpose of this article is to discuss consequential validity as it pertains to American Board of Family Medicine (ABFM) examinations.

To date, the ABFM has published numerous papers<sup>4-10</sup> that evidence the adequacy and appropriateness of inferences based on examination scores. Many of these papers are validity studies that involve rigorous data analyses with state of the art psychometric methods, whereas others are papers advocating responsible score reporting and interpretation. Given that Messick's framework for validity also includes the social consequences that may result from score inferences, it is important to also address this aspect of validity. Unlike other indicators of validity, consequential validity has less to do with data analysis and more to do with making inferences. Thus, the extent to which ABFM examination scores are appropriately interpreted and used depends largely on others. Our intention is to clarify some key inferences that should and should not be made about ABFM examination score results.

ABFM examinations measure a physician's fund of medical knowledge within the context of the clinical practice of the specialty of family medicine. The examinations do not measure other important aspects of family medicine, such as one's clinical or procedural skills, the ability to communicate with patients, professional attitudes and behaviors, the ability to practice within a system of care, nor the ability to learn from the practice of family medicine to continuously improve care to patients. Unfortunately, many