

annual meeting. Through the Learning Community, ICPF participants have an unprecedented opportunity to help shape the development of a new health care profession. The ICPF provides excellent networking opportunities and helps to develop leaders in the application, management, and study of practice facilitation. On behalf of the ICPF Steering Committee, we invite you to attend ICPF 2019, which will be held in Bethesda, Maryland on June 26-27, with the theme "Practice Facilitation in the Context of Community."

Plenary presentation videos are available on the NAPCRG website (<https://www.napcrg.org/conferences/icpf/pastconferences/2018/>).

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25 X 2030: ANTICIPATING THE IMPACT

In 2025, 565 million visits to primary care physicians are projected in the United States. To meet this increasing demand, a study published in 2012 found that an additional 52,000 primary care physicians need to be added to the workforce.¹ In 2018, 3,654 family medicine residency training positions were available in 653 ACGME-accredited programs. This represents approximately 12.6% of US allopathic and osteopathic medical school graduates matriculating into a family medicine residency program.

In August 2018, the AAFP hosted a meeting to kick off a long-term initiative known as the America Needs More Family Doctors: 25 x 2030. The energy at this meeting was electric! Leaders in academic family medicine organizations came together to work towards the goal of having 25% of US allopathic and osteopathic medical school seniors choose family medicine as their career path. When viewed through the lens of 2018, this goal is daunting as it challenges our profession to double the number of students choosing family medicine as their specialty.

There are multiple opportunities for family physicians—locally and nationally, in clinical and academic roles—to support this significant effort. In academic family medicine, encouraging greater involvement from our specialty on medical school admissions committees is essential. While some schools have a mandate to increase the percentage of the graduates choosing primary care, many do not. Admissions committees must focus on criteria that predict a greater likelihood that a student will select family medicine as their specialty: women, nontraditional students, students from rural backgrounds, first generation college graduates.² In admission interviews, most medical school candidates express the very same aspirations and goals that led us to choose family medicine.

Through the pre-clerkship years, students encounter different perspectives and can be attracted by subspecialties they may not have previously considered. During undergraduate medical education, the Family Medicine Interest Group (FMIG) is critical in cultivating the interest of students through procedural workshops, advocacy, and community activities which showcase the dynamic depth and diversity of our specialty. Also critical is the influence of family physician mentors and role models on students' perspectives. If a third- or fourth-year medical student rotates with a family medicine preceptor who constantly complains about their EHR, their harried schedule, poor reimbursements, and insurance woes, students smartly gravitate to other specialties which appear to deliver a better postgraduate life. Clinical clerkship faculty play a crucial role in portraying the family medicine clinic as a challenging, compassionate, community-oriented, and energizing practice choice.

Community family physicians have a part in the 25 X 2030 goal as well. Family physicians are well positioned to develop local pipelines to facilitate successful admission to medical school. We can identify patients within our own practices who would thrive as a primary care physician and encourage them to make use of those pipelines. Local and state family medicine organizations can collaborate to offer scholarships to promote financial equity for those students who have a high likelihood of choosing family medicine yet may have a low economic probability of matriculating into medical school.

As ambitious as the 25 x 2030 goal is, those of us involved with graduate medical education see an equally daunting challenge to have accredited, quality residency training positions ready for this influx of graduates choosing our specialty. Some would suggest this goal would require over 700 new family medicine residency programs across the country. Developing new programs and adding GME positions will require

ingenuity, patience, and advocacy for sustainable financial models. In an uncertain political climate, health care must be a moral common ground on which all can stand. While increasing the number of medical students choosing to be family physicians is laudable, if these newly minted physicians don't have residency programs to complete their clinical training we will not have achieved our goal of ensuring low-cost, high-quality health care to all Americans.

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2019 NRMP MATCH MARKS DECADE OF GROWTH FOR FAMILY MEDICINE

Results from the 2019 National Resident Matching Program Main Residency Match (NRMP Match) released on March 15 show that 2019 marks a full decade of year-over-year growth for family medicine. This year also marks 7 years running that the specialty is able to brag about a new all-time record for the number of medical students matching into family medicine in the NRMP Match.

Count it out: 3,848 medical students and graduates just matched into family medicine—313 more than matched to family medicine residency programs in 2018. Overall, combining totals from the NRMP Match and the February American Osteopathic Association Intern/Resident Registration Program (AOA Match), family medicine filled 112 more positions than in 2018 (4,152 vs 4,040).

December's Military Match brought another 132 students into the family medicine column. Of those, 52 positions were gained in the Air Force, 41 in the Navy and 39 in the Army.

AAFP President John Cullen, MD, of Valdez, Alaska, extended his congratulations to all of the new recruits. "I'd like to personally welcome our new fam-

ily medicine colleagues. We're proud to have you join our ranks. Know that you are an important part of our team now and in the future."

In an interview with *AAFP News* Cullen said, "These students who have chosen family medicine get it—they understand that family medicine is the hardest, yet most rewarding, specialty in all of medicine.

"Given family medicine's broad scope of practice, these soon-to-be residents can forge their own paths in a field overflowing with opportunity."

AAFP Match calculations include students matching into traditional family medicine residency programs, as well as programs that combine family medicine education with other specialty training. Those additional programs are family medicine/emergency medicine, family medicine/preventive medicine, family medicine/psychiatry, and family medicine osteopathic neuro-musculoskeletal medicine.

Additional Match Highlights

Not all the news was good, however. The 2019 Match numbers revealed that 1,617 seniors graduating from US MD-granting medical schools matched to family medicine compared with 1,648 seniors in 2018. That decline is the first year-over-year dip in the past decade.

However, it's important to note that family medicine added more positions in the 2019 Match—474 to be exact—than in any year in recent history.

AAFP experts told *AAFP News* that although some of the increase in number of positions is due to the growth and expansion of residency programs, the vast majority likely is attributable to the transition to a single accreditation system. That 5-year process of shifting residency programs and students from the AOA Match to the NRMP Match is nearly complete. The final AOA Match occurred in February.

In an interview with *AAFP News*, AAFP Senior Vice President for Education Clif Knight, MD, sorted out the situation in "perfect-storm" fashion. "A slight decrease in the number of US MD seniors matching to family medicine residencies, paired with the significant increase in the number of positions offered in family medicine—plus the likely increase in osteopathic students matching into family medicine—has resulted in a fill rate for US MD seniors of 39.2%—the lowest we've seen to date," said Knight. He noted that figures showing the precise number of osteopathic students who matched to family medicine were not immediately available from the NRMP.

The AAFP does know that 306 students matched to family medicine in the AOA Match and that family medicine numbers in that match have cycled downward since 2016 as those students transitioned to the NRMP Match.