

recently on NAPCRG's Web site (<http://www.napcrg.org/org.html>) and are described briefly here.

Project Goals, Definitions, and Methods

The initial effort identified research articles appearing during the 24 months of 1999 and 2000 in US and international journals. It identified articles from individuals working in US family medicine organizations, whether family physicians or researchers trained in other fields. Only research articles were included, specifically, articles that presented and analyzed new data or undertook new analyses of existing data (eg, meta-analyses). Scholarly work other than research, such as editorials and clinical review articles, were not included, nor was research disseminated through means other than journals, such as in newsletters and unpublished reports. Research published by eligible authors was included regardless of its topic, methods, or relevance to practicing family physicians. This effort identified, therefore, the published research output of a group of individuals—those working in US family medicine organizations.

Eligible authors and articles were located by a variety of search strategies in a sequential, iterative, and "snowball" approach, which included (1) hand searches of every 1999 and 2000 issue of 80 relevant journals, (2) electronic searches of the National Library of Medicine (NLM) health-related periodicals databases using the term "family" in the organizational affiliation field, and (3) author name searches of NLM databases. When authors' eligibility was uncertain, Web sites of their organizations and national physician compendia (eg, the ABFP Web site) were reviewed.

Eligible Articles and Authors Found

Analyses of the identified eligible articles and authors showed that family medicine researchers published far more than previously estimated. A total of 484 eligible research articles were published in 1999 and 496 in 2000, and eligible family medicine researchers were the lead authors of 690 of the 980 articles (70.4%). A total of 869 eligible family medicine authors published during these 2 years; 433 served as lead authors of at least 1 paper. The mean number of published papers per eligible author for the 2 years was 2.24, with median and mode of 1 article and range from 1 to 28 articles. Fifty eligible authors published from 6 to 10 research articles, and 16 authors published 11 or more articles.

The volume of family medicine published research has been underestimated in part because of the number and variety of journals in which this work appears—236 different journals in 2 years! The 4 family medicine journals that were publishing research in 1999 and 2000—*The Journal of Family Practice*, *Family Medicine*, *Archives of Family Medicine*, and *The Journal of the American Board of*

Family Practice—together published 340 eligible research articles, or 34.7% of all eligible articles. Thirty research articles appeared in top-tier journals, including 20 in *JAMA* and 4 in the *NEJM*. Researchers in academic family medicine departments constituted the great majority of eligible authors—83%—whereas researchers in residencies based in nonuniversity hospitals made up only 10% and community practitioners only 3% of authors.

The Future of This Initiative

The second round of article and author searches for studies published in 2003 is now underway; the results will be available in the summer of 2005. Changes in the volume and content of published research from 1999 and 2000 to 2003 will be used as one metric to assess the success of the recent efforts of the discipline to build its research enterprise and empiric foundation.

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HIGHER DEMAND FOR FAMILY PHYSICIANS BODES GROWTH DESPITE SLUGGISH PAY INCREASES

Demand for family physicians is up, say surveys, but compensation is down. Some analysts say national doctor-to-patient ratios are good, while others decry the persistence of medically underserved areas. Individual family physicians report seeing more patients, but nationwide, the proportion of patients visiting family physicians is down.

What's going on in family medicine?

Generally, good trends. So say many health care observers. Economic and workforce data, bewildering as they seem, do portend growth for the specialty, at least in the long term, observers say, pointing to physician workforce analyses and to income and recruiting surveys to support their forecasts.

Demand for Family Physicians

Demand for family physicians has risen. Family medicine was the fourth most heavily recruited specialty, according to the 2003 *Survey of Hospital Physician Recruitment Trends*, published by Merritt, Hawkins & Associates. Only recruitment searches for orthopedic surgeons, radiologists, and cardiologists topped those for family physicians, said Curt Mosely, vice president for business development at Merritt, Hawkins.

Of the 85% of hospitals recruiting physicians in the 2003 Merritt, Hawkins hospital survey, 45% were actively seeking family physicians. By comparison, 32% were recruiting internists, 21% obstetrician-gynecologists, 20% anesthesiologists, 13% radiologists, and 7% dermatologists.

Moreover, 43% of hospitals with 100 beds or fewer were recruiting family physicians, as were 48% of hospitals with 101 to 200 beds, and 47% of hospitals with 201 or more beds.

These data ring true for Heloise Povey, executive vice president at Russell Johns Associates, which places recruitment advertisements for the medical community. Between January and August 2004, recruiting classifieds for family physicians jumped nearly 13% over the same period in 2003, according to Povey.

"Everyone is recruiting," she said.

Ironic Twist in Demand

Mosely thinks hospitals' revived interest in family medicine stems from recognition that specialists—particularly hospital-based, procedure-focused specialists—rely on primary care physicians for referrals.

"Now that the hospitals are getting these specialists in place, they need family physicians" said Mosely.

Ironically, demand for family physicians exceeds that for other primary care physicians because of the perceived shortage of subspecialists that has driven internal medicine residents into subspecialty fellowships, straggling the influx of new primary care internists. The result, Mosely surmises: more demand for family physicians.

"There's more need for family physicians because of the subspecialty shortage," he said. "Internists are doing cardiology work, pulmonology work. We used to see internists do 50% primary care work. But now we're seeing internists so tied up (with subspecialty work) that people are going back to family physicians so they can have a primary care doctor."

Mixed Compensation Picture

The picture for compensation for family physicians remains mixed. Some surveys show that incomes have plateaued this year, while others indicate a slight drop, and still others an impressive increase. Merritt, Hawkins reported that, despite a 35% increase

in recruitment contracts, the average offer for family physicians in 2004 was \$144,000, down about \$2,000 from the previous year. Likewise, the AAFP 2004 Practice Profile Survey reported FPs' average income in 2003 was \$140,000, down \$2,000 from 2002.

However, the Medical Group Management Association's 2004 Physician Compensation and Production Survey reported an average income of \$163,000 for family physicians who did not provide obstetrics.

The disparities may reflect the current distribution of primary care physicians, say analysts. Some point to a primary care shortage that continues to plague more than one third of US counties in rural and inner-city areas and drives up demand for family doctors. Those high-demand areas, generally populated with lower income residents, cannot afford to sweeten recruitment efforts with higher pay, observers say.

Others, such as Merritt, Hawkins analysts, say sluggish compensation reflects a good balance between supply and demand for family doctors.

"We do not anticipate that demand for family physicians will accelerate rapidly and believe that the current supply of family physicians generally is adequate to meet demand in most areas," the Merritt, Hawkins report says. Though the overall supply of family physicians is in balance with demand, the report says, "The notable exception is rural and some inner-city areas, many of which have a long-standing shortage of both primary care physicians and specialists. The general market has yet to perceive an increase in demand for family practitioners, which is reflected in average income offers to recruit them."

AAFP Workforce Study

In general, data collected for AAFP's most recent workforce study agree that, on a national scale, the supply of family physicians currently is in balance with patient demand. However, the report—*The Physician Workforce of the United States: A Family Medicine Perspective*, which will be published this year—says the current balance could shift as American patients age and develop chronic conditions and as more immigrants demand culturally competent services. It suggests that the specialty should prepare for steady growth in demand.

The report underscores the Future of Family Medicine recommendations regarding residency training. Meeting future demand depends on graduating residents who are competent in providing family medicine's basket of services and implementing a model of care that emphasizes evidence-based care, information technology and consumer service, the report says.

AAFP is developing and will publish an updated Academy position on the physician workforce in spring 2005.

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