> *Every specialty has its moments of excitement, but if you can't envision yourself doing the work for 30 or 40 years, it's probably not the right choice for you. The medicine itself is not the difficult part. The most critical decision is what excites you every single day."*
>
> — DEB CLEMENTS, MD, FAAFP
> CHICAGO, IL

Explore Your Possibilities

The matching algorithm will tell you where you're going for residency after medical school, but first you have to make some decisions about the type of physician you want to be. For that process, there's no single algorithm. But it matters much more in the long run than your Match results.

The journey to a specialty choice is different for everyone. It may seem like there's not enough time or exposure to various paths in medical school to make a decision you feel confident about. But your experiences before medical school and beyond your formal medical education can help inform the direction you take.

Trace your steps back to the points in life when you started to envision a future you. What made you want to become a physician? Who influenced your decision to apply to medical school, and what did you admire most about these people? Did you see problems in the world and want to heal them as a physician?

You've Got This

Whether you're committed to family medicine, or you're contemplating another primary care specialty, the many phases of medical school training will prompt you to ask yourself, "What should I do next?" many times. Having every detail of your career mapped out early on is rare, so don't feel anxious about that ambiguity.

Primary Care

Learning about all the primary care career options available and seeking out information from trusted sources during the first years of medical school will help you identify the personal foundation on which you want to build your future in medicine. You'll also discover which questions are essential to ask about choosing a specialty as you gear up for the Match and all the decisions that come with this process. When you finally learn where you're going for residency training, you'll be able to trust the outcome because you invested time in finding answers and building relationships to make informed decisions.

What specialty will allow you to be the strongest possible advocate for positive change?

WHAT IS A PRIMARY CARE PHYSICIAN?

Primary care physicians:

- Are specialists in family medicine, internal medicine, or pediatrics
- Must be specifically trained to provide comprehensive primary care services through residency or fellowship training in acute and chronic care settings
- Provide definitive care to the undifferentiated patient at the point of first contact
- Serve as the entry point for substantially all of the patient's medical and health care needs, not limited by problem origin, organ system, or diagnosis
- Take continuing responsibility for providing the patient's comprehensive care, which may include chronic, preventive, and acute care in both inpatient and outpatient settings
- Devote the majority of their practice to providing primary care services to a defined population of patients
- Advocate for the patient by coordinating the use of the entire health care system to benefit the patient

Primary care physicians work in communities throughout the world. In the United States, more than half of all office visits are to primary care physicians, and studies of the health care system over several decades have shown that most medical care is delivered in the outpatient setting.

Because they serve as their patients' usual point of first contact, **primary care physicians must be able to build trust, understand all factors that influence health, and apply comprehensive medical expertise to improve their patients' health and well-being**. Primary care medicine is equal parts science, art, and business, and it requires complex thinking. It also constantly challenges and energizes physicians who are comfortable with ambiguity and thrive on the patient relationships at the heart of medicine.

> *"Evidence of the health-promoting influence of primary care has been accumulating ever since researchers have been able to distinguish primary care from other aspects of the health services delivery system. This evidence shows that primary care helps prevent illness and death, regardless of whether the care is characterized by supply of primary care physicians, a relationship with a source of primary care, or the receipt of important features of primary care. The evidence also shows that primary care (in contrast to specialty care) is associated with a more equitable distribution of health in populations."*
>
> — STARFIELD B, SHI L, MACINKO J. CONTRIBUTION OF PRIMARY CARE TO HEALTH SYSTEMS AND HEALTH. *MILBANK Q.* 2005;83(3):457-502.

There are many similarities between family physicians, internists, pediatricians, and internal medicine-pediatrics (med-peds) physicians who practice primary care. The central differences lie in the patient populations and practice settings their respective residency programs train them to care for.

Family physicians' cradle-to-grave scope of training permits them to engage in wide-ranging care for a variety of patient populations. Within a single family, for example, they have the skills to treat acute illness in a newborn, address the preventive needs of the parents, and manage the chronic health conditions of the grandparents. Family physicians are the only primary care physicians to practice maternity care or most obstetrics.

By contrast, pediatricians typically treat patients up to 18 to 21 years of age, while internal medicine physicians only care for adults. Med-peds physicians care for children and adults.

THE PRIMARY CARE RESIDENCY EXPERIENCE

Internal medicine, pediatrics, and med-peds are viable fields for primary care training. However, even at primary care-focused internal medicine or pediatrics residencies, less than half of participating residents may plan to pursue primary care in practice. Keep in mind that only about 50% of pediatricians practice general pediatrics, and less than 25% of internal medicine physicians stay in general internal medicine. By contrast, **more than 90% of family physicians practice primary care**.

HOW LONG DO PRIMARY CARE RESIDENCIES TYPICALLY LAST?

- **Family medicine:** Three years; several four-year options also available
- **Internal medicine:** Three years
- **Pediatrics:** Three years
- **Med-peds:** Minimum of four years; results in eligibility for board certification in both internal medicine and pediatrics

To make sure you'll get the comprehensive training you want, it's helpful to review residency requirements for the primary care specialties. Residency programs in these specialties vary in the way they train residents.

Table 1 shows selected requirements outlined by the Accreditation Council for Graduate Medical Education (ACGME) for the primary care specialties. (**Please note:** Requirements are not always directly comparable across the specialties. For example, one specialty may set its requirements in hours, while another sets its requirements in weeks or patient encounters. Additionally, although the ACGME requires that residencies in all specialties achieve certain educational outcomes, not every specialty's requirements outline how training around the required outcomes is structured.) This table is meant to help you understand the opportunities, similarities, and differences in primary care training in a broad, general way, not to serve as a comprehensive guide to residency.

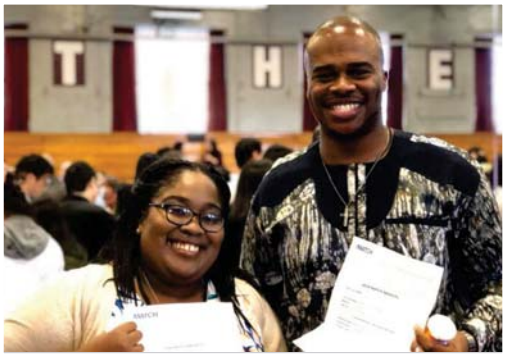

TABLE 1.

Comparison of Residency Experiences Based on ACGME Specialty Program Requirements

Selected Clinical Area	Family Medicine	Internal Medicine	Pediatrics	Internal Medicine-Pediatrics
Continuity/ longitudinal clinic	40 weeks each year minimum (at least 1,650 patient encounters, including child, adolescent, adult, geriatric)	Minimum of 130 half-day outpatient sessions total (half-day sessions must extend over a 30-month period; approximately 12 months of ambulatory time required overall across areas of training)	Minimum of 36 half-day sessions per year over at least 26 weeks per year	Minimum of 36 half-day sessions per year over at least 26 weeks per year; 306 pediatric and 306 adult patients minimum over 4 years
Inpatient adult	600 hours/6 months	Approximately 12 months	–	At least 8 months
Intensive care and/or critical care	100 hours/1 month	3 to 6 months	See "inpatient child" below	5 to 8 months
Emergency medicine	200 hours/2 months adult encounters; minimum 75 child encounters	1 to 2 months	3 months	3 months
Geriatric care	100 hours/1 month	Required experience	–	Required experience
Inpatient child	200 hours/2 months* *May be completed in the hospital and/ or emergency setting; may overlap emergency medicine requirements	–	10 months (5 months inpatient pediatrics; 2 months neonatal intensive care; 2 months pediatric critical care; 1 month term newborn care)	5 months (not counting critical and intensive care time)
Outpatient child	200 hours/2 months (includes adolescent care)	–	2 months (excluding emergency care time)	2 months
Newborn care	At least 40 encounters (ill and well newborns)	–	See "inpatient child" above	1 month
Surgical care	100 hours/1 month	–	Experience available	–
Musculoskeletal care	200 hours/2 months (must include sports medicine)	Experience available	Experience available	Experience available
Gynecology	100 hours/1 month	Experience available, including required procedures training	Element of required adolescent medicine rotation	Element of required adolescent medicine rotation and procedures training
Obstetrics and delivery care	200 hours/2 months	–	–	–
Dermatology	Experience required	Experience available	Experience available	Experience available
Behavioral health	Integrated behavioral health required, including diagnosis and treatment of common mental illnesses	Experience available	Developmental-behavioral pediatrics required	Developmental-behavioral pediatrics required
Additional subspecialty training	Required throughout training	Exposure to all internal medicine subspecialties and neurology required	9 months	10 months required
Population and Community Health	Required structured curriculum	Required (no structure specified)	Pediatric community health and advocacy required	Pediatric community health and advocacy required
Clinical procedures	Based on future practice needs; list compiled by each program's faculty and director	Based on American Board of Internal Medicine list and area of practice	Those used in general practice; 13 procedures specified (six inpatient, seven outpatient)	All required pediatric and internal medicine procedures
Health system management	100 hours/1 month	Required (no structure specified)	Required (no structure specified)	Required (no structure specified)
Diagnostic imaging/ nuclear medicine	Regular component of curriculum at most/all programs	Experience available	Experience available	Experience available
Electives	Minimum 300 hours/3 months	Required (no structure specified)	6 months for individualized curriculum experience	Required (no structure specified)

Accessed January 18, 2019

FELLOWSHIPS AVAILABLE IN PRIMARY CARE

The following fellowships are open to all family medicine, internal medicine, pediatrics, and med-peds physicians:

1) Adolescent medicine
2) Hospice and palliative care
3) Medical informatics
4) Sleep medicine
5) Sports medicine
6) Addiction medicine

Many more fellowships are available within each specialty. Because med-peds graduates are board certified in both adult and pediatric medicine, they have the highest number of fellowships to consider. Fellowships for family medicine graduates are outlined later in this section.

Osteopathic Principles and Practice/Osteopathic Manipulative Treatment Training in Residency

Residency programs that are only available to graduates of U.S. colleges of osteopathic medicine have been accredited by the American Osteopathic Association (AOA). **However, by 2020, all program accreditation will merge in a single accreditation system through the ACGME. Osteopathic (DO) and allopathic (MD) medical students will all match through the National Residency Matching Program® (NRMP®).** By 2019, previously AOA-accredited programs accepting residents will be in some stage of transition to ACGME accreditation. They may list their positions in either the AOA Intern/Resident Registration Program (AOA Match), which is for DO students only, or the NRMP. Graduates of both osteopathic and allopathic medical schools will be able to undergo residency training in osteopathic medicine.

Training in osteopathic principles and practice (OPP) and osteopathic manipulative treatment (OMT) is not required by the ACGME and not offered in all family medicine residency programs. The ACGME's Osteopathic Principles Committee offers a designation called Osteopathic Recognition for programs that seek a formal acknowledgment of their commitment to teaching and assessing OPP at the graduate medical education level. Residents in these programs will have specific training requirements, including OPP in didactic lectures, scholarly activities, training from osteopathic physician faculty, and the integration of OPP into patient care. If you're seeking graduate medical training in OPP/OMT, consider Osteopathic Recognition as one sign that a program incorporates this training.

However, not all programs that incorporate OPP/OMT training choose to pursue Osteopathic Recognition, so the recognition is only one indicator of a program's commitment to osteopathic education. You can also use the following questions to help assess a residency program's osteopathic education and opportunities:

- What access do residents have to faculty who teach osteopathic principles and practice?
- What opportunities does the program have for OMT procedures?
- Does the program bill for OMT?

Family Medicine

Students regularly identify family medicine as a top-choice specialty when they enter medical school. Factors that influence this choice include the trust families have in their family physician and the high number of family physicians practicing primary care. Even students who grew up without seeing family medicine firsthand enter the specialty. Exciting clinical rotations in family medicine and incredible mentors can make it easier to recognize that you have found your calling.

Family medicine residency training:

- **Emphasizes exposure to hands-on interventions:** Most family physicians provide routine outpatient procedures in their offices. Based on the needs of their patient population, family physicians can build on their residency training to add procedures to their repertoire throughout their career.
- **Is based on continuity clinic experience:** This means that residents follow their patients over the long term.
- **Requires training in diagnosis and treatment of common mental illnesses:** Many students who are drawn to family medicine feel called to provide holistic care, so they find this mental health component essential to their future identity.
- **Provides unique training in obstetrics, gynecology, and surgery:** Performing deliveries and caring for a panel of obstetric patients are requirements for graduation from a family medicine residency. Family physicians can also undergo training in surgical obstetrics.

THE FAMILY PHYSICIAN WORKFORCE

Commitment to caring for all patients requires culturally competent physicians. According to the Agency for Healthcare Research and Quality (AHRQ), family physicians are the specialty that best reflects the geographic distribution of the U.S. population. In addition, **family physicians practice in communities of all sizes, from inner-city and urban communities to rural areas and even frontier settings.** Nearly 78% of family physicians work in urban settings, 11% work in large rural centers, and nearly 4% practice in small or remote rural settings. Family medicine's broad scope and ability to take on any patient allow communities of all sizes to support a family physician.

The Association of American Medical Colleges (AAMC), the Robert Graham Center for Policy Studies in Family Medicine and Primary Care, and others have also reported that primary care physicians are more racially and ethnically diverse than physicians in other specialties.

Building the Family Physician Workforce

The United States is in the midst of a primary care workforce shortage, with crisis-level deficiencies projected over the next few decades. For this reason, organized family medicine is working to expand family medicine residency training and advance primary care practice in the evolving health care system so that 25% of U.S. medical students can match into family medicine by the year 2030.

COMBINED RESIDENCY PROGRAMS

As you start researching family medicine residency programs, you'll find that many offer specialized tracks that run alongside the three to four years of core training. These tracks—such as women's health, health policy, and global health—allow trainees to gain extra exposure to certain topics, but they're different from combined (or dual-degree) residency programs.

Combined programs overlap training in two areas, leading to dual certification. These programs typically take four to five years to complete.

Of the 51 specialties that participated in the 2018 NRMP, 22 were combined residency programs. Internal medicine–pediatrics might be one of the most well-known combined program types, but internal medicine, pediatrics, and family medicine have a number of combined training options.

The five combined programs available in family medicine are:

1) Family Medicine–Emergency Medicine
2) Family Medicine–Internal Medicine
3) Family Medicine–Preventive Medicine
4) Family Medicine–Psychiatry
5) Family Medicine–Osteopathic Neuromusculoskeletal Medicine

Though there are many types of combined training programs, the vast majority of first-year residency positions are offered in a single-specialty program, and most physicians train in a single specialty.

FELLOWSHIPS FOR FAMILY MEDICINE GRADUATES

Upon graduation from a family medicine residency program, your broad skill set and scope of practice will allow you to do many things. Fellowship training is not required, and most family physicians pursue areas of interest in their practice without completing a fellowship. However, if you'd like to gain more in-depth training in a certain area, family medicine opens doors to numerous fellowship opportunities.

Family physicians can choose from 20-plus fellowships, including emergency medicine, health policy, and sports medicine (*Table 2*).

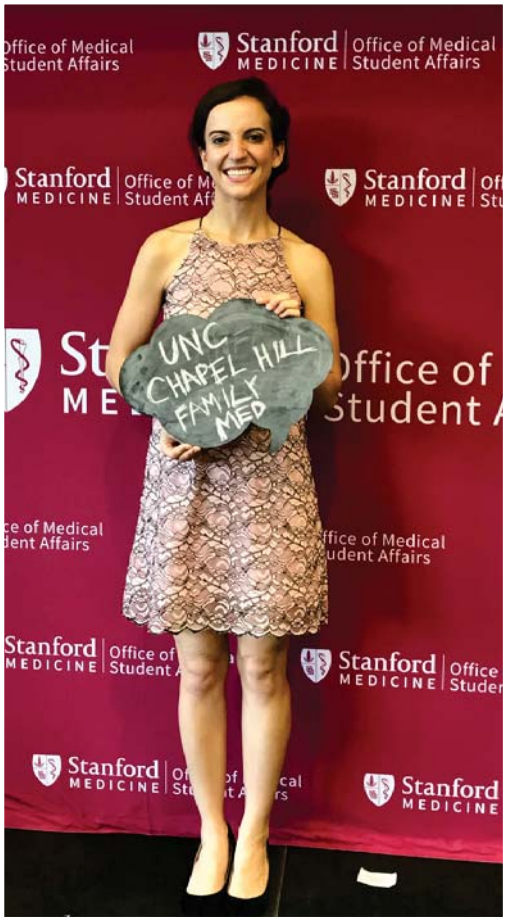

TABLE 2. Select Fellowships for Family Medicine Graduates

Adolescent medicine*	Integrative medicine
Addiction medicine*	International health
Behavioral medicine	Maternity care/obstetrics
Clinical informatics*	Pain management*
Community medicine	Preventive medicine
Emergency medicine	Research
Faculty development	Rural medicine
Geriatrics*	Sleep medicine*
Health policy	Sports medicine*
Hospice/palliative care*	Urgent care
Hospitalist medicine	Women's health
Human immunodeficiency virus/AIDS care	

**Fellowships accredited by the Accreditation Council for Graduate Medical Education (ACGME)*

Adapted with permission from Kozakowski SM, Becher K, Hinkle T, et al. Responses to medical students' frequently asked questions about family medicine. *Am Fam Physician.* 2016;93(3):online. www.aafp.org/afp/2016/0201/od1.html. Accessed October 22, 2018.

THE AAFP OFFERS A FAMILY MEDICINE FELLOWSHIP DIRECTORY (AVAILABLE AT WWW.AAFP.ORG/FELLOWSHIPS) THAT IS SEARCHABLE BY FELLOWSHIP TYPE, LOCATION, COMMUNITY SETTING, AND PROGRAM DURATION.

Certificate of Added Qualification

Family physicians are eligible to receive a Certificate of Added Qualification (CAQ) from the American Board of Family Medicine (ABFM) if they complete a fellowship in one of the following:

- Adolescent medicine
- Geriatric medicine
- Hospice and palliative medicine
- Pain medicine
- Sleep medicine
- Sports medicine

These certificates are awarded in collaboration with the corresponding medical specialty boards. More information about CAQs is available at **www.theabfm.org/caq/**.

What will your career options look like if you pursue additional training? Primary care already presents many exciting, diverse paths. **Even without additional training, family medicine has the largest scope of practice, so completing a fellowship can complement full-spectrum practice.** For example, many family physicians with subspecialized training choose to split their practice time between their focused area of interest and primary care. As a family physician, it's also possible to direct full attention to your subspecialty, just as you can in internal medicine, med-peds, and pediatrics.

Family Medicine Facts

Each year, the AAFP surveys its members to capture the scope of their diverse careers in family medicine. Summaries of survey data are available online at **www.aafp.org/about/the-aafp/family-medicine-facts.html**. Highlights from 2017 include the following:

- Work an average of 47 hours per week
- Work an average of 47 weeks per year
- 11% work part time

CAREER OPTIONS IN FAMILY MEDICINE

For more than a decade, family physicians have been the most recruited of all medical specialists and subspecialists. Physicians who have primary care training are needed now more than ever. In fact, if you enter family medicine residency training, you're likely to begin receiving job offers before you even finish your intern year.

In 2018, recruiters reported that the average starting salary for a family physician was $241,000, continuing a trend in income growth for primary care physicians.

It doesn't take a very large population to keep a family physician busy, especially when compared with a subspecialist, so family physicians have a high level of control over where they practice and what lifestyle they lead.

Family physicians work in a variety of settings that offer many practice opportunities. These include:

- Office practices
- Hospitals
- Nursing homes
- Community health centers
- Urgent care centers
- Emergency departments
- University-based health centers
- Rural and urban areas
- International settings
- Health care system leadership
- Government settings
- Locum tenens

PRIMARY CARE AND FAMILY MEDICINE IN THE FUTURE

Family medicine is well-positioned within the health care system as value-based payment models replace outdated and costly systems like fee-for-service. Practice models that support patient-centered, team-based care continue to evolve, so you will have many clinic styles to choose from. In addition, specialties with broad scopes of practice are likely to receive elevated focus in reform efforts because they are strongly associated with better, more cost-effective care.

In the search for large-scale solutions that will improve population health and cost-effectiveness, policy makers are turning to family physicians. As the largest single medical specialty, family medicine has a voice that will continue to be influential moving forward. Having longitudinal relationships with a broad spectrum of patients allows family physicians to clearly see the most pressing issues that communities face and credibly advocate for solutions.

Is family medicine right for you?

Medical students are drawn to primary care for many reasons. Those who choose family medicine often say it has a lot to do with patient relationships, desirable lifestyle, and personal interest in population health. They are typically the people who enjoy every rotation and find the idea of the undifferentiated patient intriguing. Some students can't imagine not knowing what happens to their patients, so they seek out family medicine because of its emphasis on continuity of care.

The best ways to know whether family medicine is right for you are to try it out and to get involved as early in your training as you can. Take as many opportunities as you can to shadow family physicians or rotate with them in practice in a variety of settings and ask about their careers. Questions you might want to ask include the following:

- What are your favorite and least favorite parts of your job?
- What are you excited about for the future of family medicine? What are you concerned about?
- What drew you to the specialty?
- What makes a good day in family medicine great?
- How did your training prepare you for what you have done in your career?
- How did you decide to do a fellowship?
- How did you choose your job?

> *"Picking family medicine as my first clerkship might have been going a little bit against the grain. After all, most students tend to feel like they should save it until they've gotten more clinical experience to draw on, but it was a decision I definitely do not regret. It helped me see that the opportunities I had were truly endless."*
>
> — CHANDLER STISHER, BIRMINGHAM, AL
>
> *Read Stisher's full blog post about his clerkship experience at* ***www.aafp.org/news/blogs/leadervoices/entry/20181120lv-clerkship.html****.*

Explore More at National Conference

Events and conferences, such as the AAFP National Conference of Family Medicine Residents and Medical Students, are valuable sources of information that can help you make a career choice. At National Conference, you can talk to program directors, faculty, and residents from hundreds of family medicine residencies and start figuring out where you want to end up after medical school. In addition, you can choose from more than 35 topics specifically tailored to introduce you to the breadth of family medicine in workshops, special interest group discussions, ultrasound clinics, and procedural skills courses.

Because family medicine is such an all-encompassing specialty, attending National Conference in your first and second years of medical training can help set you up for success during your clinical education. Attending National Conference in your third and fourth years of medical school will help you expand on your clinical education and find a residency program. **Visit www.aafp.org/nc for more information.**

Ultimately, you will want to look inward to determine whether family medicine is right for you. What do you look forward to as a physician? When you applied to medical school, what were your goals? How did they change or develop further? By looking at yourself honestly and making a commitment to seeking out the best available information, you can trust that your decision in primary care will be a good one.

Resources

- ACGME program requirements and FAQs for family medicine (ACGME)
  www.acgme.org/Specialties/Program-Requirements-and-FAQs-and-Applications/pfcatid/8/Family Medicine
- *American Family Physician (AFP)* Podcast
  Bonus episodes feature interviews with family physicians
  www.aafp.org/afppodcast
- Entrustable Professional Activities for Family Physicians (STFM)
  www.stfm.org/NewsJournals/STFMNews/EntrustableProfessionalActivitiesforFamilyPhysicians
- Kozakowski SM, Becher K, Hinkle T, et al. Responses to medical students' frequently asked questions about family medicine. *Am Fam Physician.* 2016;93(3):online. Accessed October 22, 2018.
  www.aafp.org/afp/2016/0201/od1.html
- Webcast: What is Family Medicine? (AAFP)
  www.aafp.org/whatisfm
- Why Choose Family Medicine? (AAFP)
  www.aafp.org/choosefammed