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Family Medicine

LETTER TO THE EDITOR

Beyond Admissions: Strengthening the Primary Care Pipeline Across the Educational Continuum

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TO THE EDITOR

We read with interest the article by Dr Weidner and colleagues, "Institutional Strategies to Boost Medical School Graduates Entering Family Medicine,"[1] which highlights characteristics associated with producing more graduates entering family medicine. While these findings emphasize admissions strategies, we suggest that specialty choice is shaped across a broader educational continuum.

Based on our experience mentoring medical students, we propose three groupings of developmental pathways through which students enter family medicine: (1) those with prior exposure to community health, underserved care, or rural medicine; (2) those who develop interest in continuity and relationship-based care through clinical experiences; and (3) those initially interested in outpatient practice but vulnerable to the "hidden curriculum." These pathways highlight tensions among commonly proposed strategies to strengthen the family medicine workforce.

First, while admissions-focused strategies may identify students in group 1, reliance on these approaches alone may be insufficient. Specialty preferences evolve during training and applicants may signal interest in primary care irrespective of long-term intentions. Students in group 2 often develop interest through longitudinal clinical experiences emphasizing continuity and patient relationships.[2]

Second, efforts to enhance student competitiveness may introduce unintended consequences. For students in group 3, exposure to prestige hierarchies may shift interest away from primary care. Efforts to strengthen academic metrics for the residency Match may paradoxically increase pursuit of non–primary care specialties, underscoring the need for counterbalancing mentorship and role modeling.[3]

Third, structured mentorship represents a modifiable strategy, but effectiveness depends on design. Mentorship may include family physicians or faculty from other specialties equipped to support primary care career development. Passive mentorship may be insufficient to counter competing institutional signals. Programs emphasizing longitudinal engagement, early exposure, and alignment with student interests may better sustain interest. The literature suggests mentorship spans formal and informal models and integrating these may improve accessibility and continuity.[4] At our institution, the Academic Colleges program provides longitudinal mentorship beginning early in training.[5]

Finally, while admissions efforts identify students with pre-existing interest, longitudinal pathway programs that recruit and sustain students committed to underserved practice offer a complementary approach, with evidence demonstrating higher rates of entry into family medicine.[6]

Addressing the primary care workforce shortage will require aligning strategies with distinct developmental pathways. Admissions, clinical experiences, mentorship, and pathway programs should be viewed as interdependent approaches to sustain interest in family medicine.

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