2026, Volume 58, Issue 1, 70-71, e-ISSN 1938-3800

Family Medicine

LETTER TO THE EDITOR

Authors' Response to "Sustaining Primary Care Pathways: A Vital Strategy for Meeting Urban and Rural Workforce Needs"

Jo Marie Reilly, MD, MPH; Isabel Edge, MD; Ilana Simon Greenberg, MPH

AUTHOR AFFILIATION:

Department of Family Medicine, Keck School of Medicine, University of Southern California, Los Angeles, CA

CORRESPONDING AUTHOR:

Jo Marie Reilly, Department of Family Medicine, Keck School of Medicine, University of Southern California, Los Angeles, CA, jomarie.reilly@med.usc.edu

HOW TO CITE: Reilly JM, Edge I, Greenberg IS. Authors' Response to "Sustaining Primary Care Pathways: A Vital Strategy for Meeting Urban and Rural Workforce Needs". *Fam Med.* 2026;58(1):70-71.
doi: 10.22454/FamMed.2025.966863

FIRST PUBLISHED: January 12, 2026

TO THE EDITOR

We appreciate the response to our article "Where Are They Now? Alumni Outcomes From a Medical School Primary Care Pathway Program."[1,2] We agree that attracting and retaining medical students in primary care (PC), family medicine, and their future careers is a multifactorial process combining educational, scholarship, advocacy, and systems level changes. It begins in the recruitment process, nurtured during medical school, and maintained in residency to continue to support future PC physicians and sustain them in practice. It is our hope that other medical schools can replicate and adapt PC models like ours[3] as part of a broader effort to support PC.

As mentioned in the initial letter, building effective PC/family medicine pathway training models is more than providing medical students clinical opportunities with PC physician role models. To attract and retain students in PC, training programs must help learners envision a sustainable future PC career. Pathway programs must give students/residents realistic and forward-thinking skills/tools to predict and adapt to where PC is heading while retaining essential PC values. Learners must receive training in interprofessional teams,[4,5] lifestyle medicine approaches to chronic disease prevention and management,[6,7] and PC research. For PC to compete with other specialties and be relevant in academic centers, we need to demonstrate/define what PC research is and highlight its importance.[8] Additionally, medical students must have longitudinal PC training beyond their preclinical years[9] to combat the impact of the hidden curriculum as students advance in their training. Continued exposure to PC among postclerkship students in more acute settings (eg, urgent care, labor and delivery, and inpatient medicine) showcases the role of PC in these settings and the flexibility of a PC career.

We also agree that systems-level change is crucial for recruiting students to PC and retaining practicing PC doctors. As such, medical trainees must learn skills in advocacy and leadership to help shape their future clinical environments and be empowered to change health care systems.[10,11] To that end, we will be implementing a new policy and advocacy curriculum in the Fall of 2025. Students also may pursue additional degrees in public health (MPH), business (MBA), or public administration (MPA). PC training models must emphasize both rural and urban training models. They must demonstrate educational strategy to work within academic training centers, aligning educational vision and institutional culture with PC.

Obstacles do indeed remain. Our academic centers and family medicine departments must work creatively to provide dedicated, protected time for faculty to create sustainable PC/family medicine pathway programs. Educational loan repayment must support PC careers, although this alone has not increased medical students entering PC, as demonstrated by medical school graduates of tuition-free universities. Further, our specialty must continue to advocate for equitable salaries in line with hospitalist and subspeciality colleagues. Additionally, our PC national organizations, practicing physicians, and trainees must advocate for an America that invests more than 5% of its gross domestic product in PC, investing in our country's holistic health care.

REFERENCES

1. Reilly JM, Edge I, Greenberg I. Where are they now? Alumni outcomes from a

medical school primary care pathway program. *Fam Med*. 2024;56(10):650–658. doi:10.22454/FamMed.2024.942291
2. Cigni A. Sustaining primary care pathways: a vital strategy for meeting urban and rural workforce needs. *Fam Med*. 2025.
3. Reilly JM, Greenberg I. An 8-year review of match outcomes from a primary care pipeline program. *Fam Med*. 2023;55(10):646–652. doi:10.22454/FamMed.2023.297644
4. Reilly JM, Halle A, Resnik C, et al. Qualitative analysis of an inter-professional, in-home, community geriatric educational training program. *Gerontol Geriatr Med*. 2021;7. doi:10.1177/2333721421997203
5. Reilly JM, Aranda MP, Segal-Gidan F, et al. Assessment of student interprofessional education (IPE) training for team-based geriatric home care: does IPE training change students' knowledge and attitudes? *Home Health Care Serv Q*. 2014;33(4):177–193. doi:10.1080/01621424.2014.968502
6. Reilly JM, Greenberg I. Service-learning through community-based nutrition teaching equips medical students with sustained nutrition knowledge, attitudes, and habits. *Am J Lifestyle Med*. 2023. doi:10.1177/15598276231185552
7. Edge I, Reilly JM, Simon Greenberg I. Service-learning through community-based exercise teaching enhances medical students' exercise knowledge, counseling confidence, and habits. *Am J Lifestyle Med*. 2024. doi:10.1177/15598276241233204
8. Reilly JM, Robinson J, Kogan AC, Greenberg I. Describing the breadth and scope of Keck medical student primary care research projects. *PRiMER*. 2022;6:39. doi:10.22454/PRiMER.2022.462648
9. Edge I, Greenberg IS, Reilly JM. Primary care senior seminar: an advanced skills, leadership, and career training model. *J Med Educ Curric Dev*. 2025;12. doi:10.1177/23821205251335995
10. Suk M. *How the AMA helps medical students become better physicians*. American Medical Association; 2024.
11. Minnick C, Soltany KA, Krishnamurthy S, Murray M, Strowd R, Montez K. Medical students value advocacy and health policy training in undergraduate medical education: a mixed methods study. *J Clin Transl Sci*. 2025;9(1):61. doi:10.1017/cts.2025.35