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Family Medicine

PRESIDENT'S COLUMN

Balancing Two Truths: The Primary Care Shortage and Family Medicine Match

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Over the years, I have observed a familiar process in the management of medically complex patients. My colleagues who are caring for these individuals often recognize the requirements for stabilization and careful prioritization of multiple competing concerns. At times, they knowingly accept short-term worsening of a chronic condition, such as diabetes, in order to address an acute, life-threatening issue, like a COPD exacerbation. The guiding principle is that after the immediate threat is managed, they can address the chronic illness without causing lasting harm.

I have seen physician faculty and residents wrestle with this balance. There is often thoughtful discussion, disagreement, and real concern about the long-term implications for the patient. This tension is at the heart of complex care—the art and practice of medicine. It reflects a deeper truth: two competing priorities can be valid at the same time, and navigating between them is inherently challenging. The fundamental need at both ends of this spectrum is the acknowledgement that one is seen and one is heard.

We are facing a similar tension within the broader context of the primary care physician shortage and current concerns surrounding the family medicine Match. In response to the demand for primary care, more training programs have been established. However, this growth has not been met by a corresponding increase in applicants pursuing family medicine, creating new challenges for programs trying to fill positions.

I can almost hear the response: "We know this, Molly." However, the situation continues to evolve. Historically, programs that participated in the Supplemental Offer and Acceptance Program (SOAP) were often viewed negatively. Now, with roughly half of family medicine programs entering SOAP, those old perceptions are being questioned and reshaped. At the same time, there are valid concerns about how this trend affects the perception of family medicine as a specialty.

We take pride in our discipline. We want learners who feel called to the work, and who find purpose and meaning in the practice of family medicine. Yet strategies focused on navigating SOAP can feel like an acceptance of loss. Similarly, acknowledging that we are training more family medicine residents than ever before while also recognizing that demand has not kept pace can feel both true and deeply frustrating. So, what is my point?

It is simply this: both truths need acknowledgment, and so does the discomfort that comes with them. I have personally experienced the impact of SOAP. I know what it feels like to move through those days while holding space for the disappointment and fear of unmatched applicants searching for a new path. I have also navigated the challenge of identifying individuals who will not only embrace the calling of family medicine, but who will thrive within our specific program and community.

I have witnessed the complexity of visa and immigration processes, balancing administrative realities with the real fears faced by our international medical graduates and I have seen the downstream effects—on learners and programs alike—long after Match season ends. I have watched deeply committed faculty experience burnout as they struggle to inspire learners who do not share their passion. I have supported colleagues navigating increased remediation and probation efforts, and the strain that places on programs. At the same time, I have also heard the stories that sustain us, from those who discover family medicine later, who grow into the specialty, and

who ultimately flourish within it. Both realities exist.

We welcomed more family medicine residents than ever before on July 1, and this is worth celebrating. Yet, we are also navigating significant challenges in how and who we fill in the match. My friends and colleagues, we are living in the space between these two hard truths—and they require thoughtful, intentional action.

Early in my career, a colleague asked me, "Do you know how you move a mountain?" Their answer was, "one rock at a time." My immediate response was, "dynamite!" Over time, I have come to appreciate that while dynamite can be powerful, it must also be used with great care.

In this moment, our family medicine organizations are working together to move the mountain—steadily, collaboratively, and with purpose. Rock by rock, effort by effort, we are making progress. Meanwhile, I offer encouragement. I acknowledge the difficult space many of our faculty and program leaders are navigating and say: *we see you*. I recognize the work being done to address the acute challenge—filling positions, even through SOAP, while we continue to grapple with the broader, chronic issues facing our specialty.

Both deserve our attention. Both require our care, and both are part of the ongoing work of strengthening family medicine.