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LETTER TO THE EDITOR

Sustaining Primary Care Pathways: A Vital Strategy for Meeting Urban and Rural Workforce Needs

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TO THE EDITOR

As a medical student in Italy with a strong interest in family medicine and health workforce equity, I found Reilly et al's article, "Where Are They Now? Alumni Outcomes From a Medical School Primary Care Pathway Program,"[1] both inspiring and instructive. The study validates what I hope to pursue professionally: primary care grounded in mentorship, community engagement, and service to underserved populations.

What resonated most with me was the program's ability to retain 70% of graduates in general primary care, even after residency. This distinguishes the primary care program at the Keck School of Medicine from others, where matching into a primary care residency does not necessarily result in long-term generalist practice.[2] The Keck program's emphasis on longitudinal engagement, role modeling, and early exposure appears central to its effectiveness.

These findings prompt a broader issue: How can we replicate and scale such success? Initiatives like the primary care program should serve as models for development into both urban and rural environments. In rural settings, Castro et al[3] showed how long-term physician retention could be achieved through community health center–academic collaborations. Taken together, these urban and rural models highlight ongoing mentoring, embedded clinical experience, and community alignment as essential components.[3,4]

Still, certain obstacles remain. Students are discouraged from entering or remaining in the field by financial disincentives such as heavy educational debt and reduced reimbursement for primary care. Moreover, many underprivileged environments—rural outposts or inner-city clinics—lack the institutional support and infrastructure to host students longitudinally. Faculty burnout and the lack of protected time for instruction present additional challenges. These barriers call for structural reforms, including increased funding for community-based faculty development, robust loan repayment programs, and adaptable training models that reward service in shortage areas.[5]

To prepare trainees not only to work in underserved areas but also to actively shape those care environments, the next generation of pathway programs also must include leadership, advocacy, and interprofessional education. Without these elements, even well-meaning initiatives may fall short of achieving long-term workforce transformation.

Reilly et al have produced a forward-looking, replicable model. Their efforts emphasize the importance of continuity in educational strategy as much as in clinical practice. Moving forward, we must continue to build and support the infrastructure that sustains primary care pathway programs and the people they train, across both urban and rural landscapes.

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