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EDITORIAL

The Impact of Educational Debt on Family Medicine

Bryce A. Ringwald, MD[a,b]; Nataliya Pilipenko, PhD, ABPP[c,d]; José E. Rodríguez, MD, FAAFP[e]

AUTHOR AFFILIATIONS:

[a] Department of Primary Care, Mercy Health St. Rita's Medical Center, Lima, OH

[b] Department of Biomedical Education and Anatomy, The Ohio State University College of Medicine, Columbus, OH

[c] Center for Family and Community Medicine, Vagelos College of Physicians and Surgeons, Columbia University Irving Medical Center/New York Presbyterian Hospital, New York, NY

[d] Department of Medicine, Department of Psychiatry, Columbia University/New York Presbyterian Hospital, New York, NY

[e] Department of Family Medicine, Meharry Medical College School of Medicine, Nashville, TN

CORRESPONDING AUTHOR:

Bryce A. Ringwald, Department of Primary Care, Mercy Health St. Rita's Medical Center, Lima, OH, BryceRingwald@gmail.com

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Financial strain associated with medical education, particularly student debt, exerts a complex and multifaceted influence on medical students' decisions to pursue family medicine (FM) and on their subsequent career choices. Prior studies have reported associations between higher educational debt and decreased interest in FM specialization, primary care work, and work in underserved settings.[1,2] Understanding how learners become and remain interested in FM careers, and what drives decisions to practice in communities with the greatest need, remains both complex and essential.[3]

Several articles in this issue of *Family Medicine* deepen our understanding of the scope and consequences of educational debt and highlight potential strategies to strengthen the FM workforce. Specifically, Philips and colleagues report that average federal debt among FM residents ranges from $250,000 for US graduating allopathic medical students to $300,000 for graduating osteopathic medical students, with 75%–89% of respondents reporting educational debt.[4] These figures exceed the amount reported by non-FM graduates at the same medical schools.[4] The growth and expansion of private, for-profit osteopathic medical schools graduating FM-bound students may be linked to the rising educational debt of FM residents. Underrepresented in medicine (URiM) FM residents, specifically African American and Hispanic trainees, report significantly higher debt than their non-URiM peers.[4] We hypothesize that systemic disparities in generational wealth may contribute to this due to the lack of access to personal/family loans to finance a trainee's medical education. These findings underscore the need for sustained attention to financial inequities in medical education and for better support systems to help FM residents navigate the increasingly complex landscape of debt management.

Other articles in this issue deepen our understanding of how financial pressures intersect with training and workforce outcomes. Bartlett's work illustrates that residents consistently desire structured financial education and that a flexible personal finance curriculum can improve financial literacy, reduce anxiety, and support well-being.[5] Nearly all participants in the outlined financial wellbeing curriculum agreed that personal finance should be included in residency education.[5] These findings underscore that debt is a contributor to burnout, stress, and reduced well-being. Furthermore, residency salaries remain modest relative to debt burden, and without adequate financial preparation, residents struggle to navigate loan repayment, insurance decisions, and early-career financial transitions. Overall, this study reinforces the importance of integrating financial well-being into residency programs.

Financial issues may also influence decisions regarding scope of practice in early career, moving toward residents choosing higher-revenue practice patterns and procedures. In this issue, Brown and colleagues explore variables which predict practicing inpatient and critical care medicine.[6] Although this study does not evaluate the impact of medical student debt, it raises important questions about the impact of financial considerations on career pathways. Specifically, residents who face high debt may be more likely to pursue areas that offer higher compensation. Training environment and financial realities interact to shape the workforce beyond specialty choice.

Furthermore, educational debt also intersects with rural workforce development. In the September issue, Drs Steele and McKenney published an evaluation of the Scholars Rural Health program

that demonstrates that early assurance pathways can meaningfully strengthen the rural workforce.[7] More than half of program graduates matched into FM, and 56% ultimately practice in rural practices.[7] These outcomes support the value of encouraging students residing in rural settings with an interest in FM careers. Yet the study also highlights structural barriers, including lower MCAT scores and fewer academic resources, resulting in program attrition often related to a failure to meet MCAT requirements.[7] Financial constraints including lack of access to test preparation, educational debt, and limited financial support, may disproportionately affect rural students.[8] Programs such as Scholars Rural Health hold important potential to nurture both students and communities in which they were raised; however, their impact on closing the gap between supply and demand in rural or otherwise underserved settings remains uncertain.

Efforts to reduce medical education debt increasingly reflect a recognition that current financing structures do not adequately support FM workforce development and maintenance. Tuition-free medical school models offer meaningful relief but remain limited to well-resourced institutions and rarely benefit schools that graduate FM or other primary care-bound medical students.[9] Philanthropic and institutional debt reduction initiatives have significant individual impacts, especially for disadvantaged learners.[10] Nonetheless, these efforts are episodic and insufficient as a national long-term strategy. Additionally, full tuition and fee scholarships alone have not been found to be associated with more students choosing primary care.[11] More scalable approaches such as accelerated medical school programs, competency-based progression, and streamlined FM residency-to-workforce transitions can reduce time in training and overall cost, though their success depends on careful implementation that preserves educational quality and adequate clinical exposure.[12,13]

While discussions related to personal finances, debt, and other financial matters need to be approached with sensitivity and tact, these domains are central to ensuring a future where FM leads in both primary care delivery and academic medicine. We applaud any effort to reduce debt, as it is clear from many recent articles in this journal that debt continues to play a role in medical student, resident, and faculty decision-making. The articles in this issue show that FM educators can be leaders in clarifying how debt affects choice and can help to champion equitable debt mitigation strategies. We hope our readers and research community will be inspired to consider how educational debt impacts their learners and the future of the discipline.

ARTIFICIAL INTELLIGENCE USE DISCLOSURE

The authors used Grammarly to provide suggestions for revision and editing during the writing process of the manuscript. All changes were reviewed by the authors before acceptance, and the entirety of the writing is the sole responsibility of the author group.

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