

Response to Dr Snellings: Learning From Other Combined Programs

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PRIMER. 2024;8:20.

Published: 2/29/2024 | DOI: 10.22454/PRiMER.2024.837001

To the Editor:

I applaud Dr Snellings for seeking creative ways to address the shortage of primary care physicians, as described in his recent letter to the editor.¹ Specifically, Dr Snellings proposes a return of the family medicine-internal medicine (FM-IM) combined residency program. While some combined residency programs—most notably medicine-pediatrics (Med-Peds) residency programs—are flourishing, FM-IM combined residency programs seem to have gone extinct.² The example of Med-Peds residency is instructive. While some Med-Peds combined residency graduates go on to practice subspecialties, many provide primary care, including to adult patients with chronic conditions more familiar to pediatricians. Compared with a 3-year residency in family medicine, internal medicine, or pediatrics, there is a clear value proposition for medical students considering Med-Peds combined residency³ and for departments of internal medicine and of pediatrics, medical schools, and hospitals to provide Med-Peds program sponsorship. Fortunately for family medicine, at least one study has shown that Med-Peds residency programs do not "rob" from family medicine residency programs.⁴

Now that the idea has been broached, appropriate next steps for those interested in a return of the FM-IM combined residency, or of other combined family medicine programs, are to consider both what is working well with Med-Peds and other combined programs, and what led to the withering of the previous iteration of the FM-IM residency, from the perspectives of medical students and of providers of family medicine and internal medicine training programs. Insurance payors and policy experts may also provide important perspectives. This may inform a path forward. As Dr Snellings notes, addressing America's primary care shortage is an important goal!

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