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Family Medicine

LETTER TO THE EDITOR

Courage to Shape Our Future

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TO THE EDITOR:

The data presented in our study[1] highlight the rich diversity of procedures and skills practiced by family medicine teaching faculty to support the communities in which we live. In our survey, we assessed skills such as medication-assisted treatment and gender-affirming care, which didn't exist in previous decades; and we heard from respondents who expertly met patients' complex needs during specialty shutdowns from COVID-19.

Many of us love performing procedures. Our call to a generalist practice yearns to use both the procedural and medical parts of our brain. Patients are elated to have us care for them in a one-stop shop. Beyond our personal satisfaction, research supports a broad scope of practice as a means of preventing burnout throughout a career.[2] Research also benefits patient care; patients treated by physicians who practice a broad scope have reduced health care costs and hospitalizations—essentially achieving the quadruple aim.[3-5]

However, our specialty is changing. Fewer of us are delivering babies, inpatient rounding, or spending time in the operating room.[6-8] This is not to disparage an outpatient-only practice nor elevate a full-spectrum one; we deserve the career we have been trained to perform. As the health care landscape shifts, and advanced skills and procedures are squeezed out of family medicine, it's time to ask: Do we want to let go of this part of our practice?

To us, the answer is clear: We will not let go.

And yet, the path forward is murky. Family medicine needs broadly skilled faculty to teach to the needs of many career paths, and our data show generational and gender differences that could have troubling implications if they are verified.

In our survey results, late-career faculty were significantly more likely to perform casting/fracture management, internal hemorrhoid ligation, and pessary insertion/management compared to early-career faculty.[1] The trajectory of these skills risks their complete loss in a few generations. Additionally, 64.8% of faculty performing vasectomies were male identifying. Likewise, faculty performing long-acting reversible contraception placement and miscarriage/abortion management were more than 60% female identifying.

Now is the time to ask: Is family medicine going where we want it to go? If it is not, how do we shape our specialty's future? How do we as educators strive for continued and equitable procedural training opportunities for learners of all genders and retain the skills of late-career faculty?

The Future of Family Medicine Project 2.0[9] was presented in 2014 as pushback against narrowing scope of practice. The project encouraged procedures and care across multiple settings. Since its publication, early-career faculty have a different scope of practice than their predecessors. We need to look deeply into why these skill sets are changing. We ought to capitalize on our strength as the backbone of medicine in America, to advocate for a work structure supportive of a broad scope of practice. Simultaneously, we must look inward to ensure that procedures and advanced skills are being taught equitably to our newest family physicians while still centering the needs of our communities. The time is now.

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