

LETTER TO THE EDITOR

Authors' Response to "Sustaining Primary Care Pathways: A Vital Strategy for Meeting Urban and Rural Workforce Needs"

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TO THE EDITOR

We appreciate the response to our article "Where Are They Now? Alumni Outcomes From a Medical School Primary Care Pathway Program."^{1,2} We agree that attracting and retaining medical students in primary care (PC), family medicine, and their future careers is a multifactorial process combining educational, scholarship, advocacy, and systems level changes. It begins in the recruitment process, nurtured during medical school, and maintained in residency to continue to support future PC physicians and sustain them in practice. It is our hope that other medical schools can replicate and adapt PC models like ours³ as part of a broader effort to support PC.

As mentioned in the initial letter, building effective PC/family medicine pathway training models is more than providing medical students clinical opportunities with PC physician role models. To attract and retain students in PC, training programs must help learners envision a sustainable future PC career. Pathway programs must give students/residents realistic and forward-thinking skills/tools to predict and adapt to where PC is heading while retaining essential PC values. Learners must receive training in interprofessional teams,^{4,5} lifestyle medicine approaches to chronic disease prevention and management,^{6,7} and PC research. For PC to compete with other specialties and be relevant in academic centers, we need to demonstrate/define what PC research is and highlight its importance.⁸ Additionally, medical students must have longitudinal PC training beyond their preclinical years⁹ to combat the impact of the hidden curriculum as students advance in their training. Continued exposure to PC among postclerkship students in more acute settings (eg, urgent care, labor

and delivery, and inpatient medicine) showcases the role of PC in these settings and the flexibility of a PC career.

We also agree that systems-level change is crucial for recruiting students to PC and retaining practicing PC doctors. As such, medical trainees must learn skills in advocacy and leadership to help shape their future clinical environments and be empowered to change health care systems.^{10,11} To that end, we will be implementing a new policy and advocacy curriculum in the Fall of 2025. Students also may pursue additional degrees in public health (MPH), business (MBA), or public administration (MPA). PC training models must emphasize both rural and urban training models. They must demonstrate educational strategy to work within academic training centers, aligning educational vision and institutional culture with PC.

Obstacles do indeed remain. Our academic centers and family medicine departments must work creatively to provide dedicated, protected time for faculty to create sustainable PC/family medicine pathway programs. Educational loan repayment must support PC careers, although this alone has not increased medical students entering PC, as demonstrated by medical school graduates of tuition-free universities. Further, our specialty must continue to advocate for equitable salaries in line with hospitalist and subspecialty colleagues. Additionally, our PC national organizations, practicing physicians, and trainees must advocate for an America that invests more than 5% of its gross domestic product in PC, investing in our country's holistic health care.

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