

Editorials

America Needs More Family Doctors: 25×2030 Collaborative Aims to Get More Medical Students into Family Medicine

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The United States faces a shortage of primary care physicians due to population growth and aging, physician retirement, and changing physician work patterns.¹ Although an increased supply of primary care physicians is associated with decreased mortality,² only 13% of U.S. medical school graduates match into family medicine residency programs.³ Significant workforce shortages are projected over the next decade.^{3,4} Eight family medicine organizations (*Table 1*) have come together to propose the bold America Needs More Family Doctors: 25×2030 Collaborative.⁵ The goal of this initiative, launched in August 2018, is to increase the proportion of U.S. medical school graduates who choose the family medicine specialty to 25% by 2030.

The scope of this challenge is impressive. Accomplishing this goal will require changes in medical education, practice environments, and policy, while also identifying new funding, physicians, and resources to support them. We must expand pipeline programs, place more family doctors on medical school admissions committees, change admissions criteria to favor selection of candidates with a higher likelihood of choosing family medicine, identify new family physician mentors and role models, rigorously evaluate the impact of curricular and extracurricular activities on student choice, and increase attention to the medical student clerkship experience. Reaching 25×2030 will require changing the practice environment so that family doctors can address the challenges of electronic health records, performance metrics, prior authorizations, and other systemic issues contributing to morale injury and burnout. Finally, 25×2030 will require more than doubling the number of family medicine training positions.

The 25×2030 initiative should be important to all family physicians, whether just out of residency, recently retired, or deep in the trenches.⁶ New family doctors look forward to rewarding careers. Their practices will be directly affected by 25×2030 through improved practice environments and reimbursement models, such as value-based care, and by more reasonable practice expectations that align with patient needs and physician skills. Mid-career physicians who engage in teaching will find joy in practice and value in training the next generation of family doctors. Robust advocacy will support changes to improve the health of our patients and communities. Family physicians who are near retirement will have the opportunity to share their wisdom, experiences, and stories to sustain family

medicine's legacy and support a strong future for family physicians.

The 25×2030 steering committee has adopted a set of guiding principles and formed four working groups (*Table 1*) focused on identifying evidence-based actions that institutions and programs can take to support students choosing family medicine.⁷ Promoting the value of family medicine to support polices that improve practice

TABLE 1

America Needs More Family Doctors: 25 × 2030 Collaborative Organizations, Guiding Principles, and Working Groups

Collaborative organizations

American Academy of Family Physicians
American Academy of Family Physicians Foundation
American Board of Family Medicine
American College of Osteopathic Family Physicians
Association of Departments of Family Medicine
Association of Family Medicine Residency Directors
North American Primary Care Research Group
Society of Teachers of Family Medicine

Guiding principles

Be future focused and adaptive to rapidly evolving conditions in the environment we are trying to impact
Be more than the sum of our parts, and embrace collaboration and a commitment to our shared aim
Commit to learning and knowledge-based, mission-driven decision making
Deliberately consider radical new approaches
Exhibit passion
Exhibit systems thinking and leadership to address systems issues
Focus on and prioritize initiatives within the scope of work agreed upon by the committee and toward our shared aim to grow the family medicine workforce with the ultimate vision to improve outcomes, equity, and efficiency in health care
Purposefully address issues of inequity and disparity
Stretch to find shared values with nontraditional partners, and be creative in collaborative efforts

Working groups

Evaluation
Family Medicine Brand
Family Medicine Pipeline
Student Choice Learning and Action Network

environments and reimbursement, strengthening the pre-medical pipeline to family medicine, and evaluating the initiative are complex challenges that will require multiple solutions. The work of the steering committee must be augmented and supported by the work of all family doctors, who will have a critical role in reaching the 25×2030 goal. What can you do?

- *Recruit before medical school.* Encourage children and young adults to not only go to medical school, but to become a family doctor. Active recruitment is especially valuable in underserved or rural communities and for those underrepresented in medicine.

- *Change the medical school experience.* When you have the opportunity to work with medical students, say yes. If you must say no, reflect on what it would take to get you to say yes, and share your reflections with your health care system, institution, or the 25×2030 working groups so that they can address barriers to teaching. As preceptors for medical students, family doctors not only teach family medicine principles, but also serve as mentors and role models. Embrace this role. Debunk myths and counter negative stereotypes of family medicine. Family doctors provide high-value care by delivering high-quality outcomes while controlling costs.^{1,8,9} Medical students need this experience with practicing family doctors to combat the alternative messages of other specialties.

- *Advocate for family medicine.* Legislative leaders need to hear about the value of family medicine from voters. Respond to advocacy calls, and advocate at the local, state, and national levels for changes that support family medicine. Share your advocacy efforts with your patients and tell them why these issues matter to you, them, and all of us.

- *Embrace change.* Patient expectations, technology, and health systems will evolve. Rather than react, help guide these changes to fit the principles of family medicine.

The 25×2030 goal is ambitious. Its success depends on the engagement of family physicians across the nation whose input will help guide specific and practical recommendations for action that will be identified, developed, refined, and disseminated by the working groups. More information on how you can get involved is available on the American Academy of Family Physicians' website at <https://www.aafp.org/about/initiatives/family-doctor-expansion.html>.

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