

Guest Editorial

Faculty for Family Practice

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What are the main issues regarding faculty for the new specialty of family practice? From what sources should new faculty be sought? Must they have "real world" practice experience? Is it necessary for them to engage in original research? To publish? What should be the criteria for academic appointment and promotion? Should family doctor faculty be only "role models" surrounded by "expert" consultants in education, behavior, and administration, as well as in the clinical specialties? Will the discipline of family practice survive without appropriate scholarly activity by family doctors themselves?

In contemplating these questions, it is helpful to review the origins of the discipline and the forces which brought it into being.

Family practice is a phenomenon fueled by three powerful forces:

1. The perceived need of society for available personal physicians.
2. The need of practicing family doctors to be seen as legitimate, necessary elements in the health-care system.
3. The need to extend scientific investigation of medical problems outside the academic health center into the community.

The objectives of family practice are related to producing appropriate numbers of family doctors on the one hand and to the establishment of a

lasting, respected academic discipline on the other. In early 1977, it is possible to see that the resources for meeting the first objective are rapidly being assembled. Accomplishing the second goal will take longer and will require attitudinal and behavioral changes on the part of teachers and practitioners alike. In other disciplines it has been possible for academics and practitioners, living on opposite sides of the town-gown barrier that surrounds academic medical centers, to be fulfilled within their own separate universes. Family practice, however, cannot be taught solely in the academic center and requires close, continuing cooperation between teacher and practitioner. Success of the discipline is necessary for the fulfillment of family doctors' need to be accepted as legitimate. Conversely, family practice faculty will not succeed without the cooperation of practicing physicians. This is one discipline which cannot survive a town-gown split of major proportions.

Until recently, entering family practice in the United States involved an implicit mutual rejection between practitioner and academia. In the past, family doctors' rewards have come mainly from their patients. The trappings of academia, especially research and publication, seem unrelated to "the real world" of patient care and have become, to a considerable extent,

the very activities most rejected by practicing family doctors. This presents the discipline with a profound dilemma because the world of patient care in the community has not been subjected to scientific scrutiny, and this world is the natural domain of the family doctor as investigator and educator. This vacuum provides the opportunity for those activities which will earn the discipline a position of respect and influence.

What are the barriers to accomplishing these academic goals? They seem, at present, to be predominantly attitudinal. Family doctor faculty must reprogram themselves to accept the responsibility for necessary scholarly activity or the discipline will fail. Practicing family doctors' support is now needed, not only in the political arena, but also to promote in family practice the use of the scientific method. If the attempt to establish this discipline should fail, family doctors would be in a position of even lower respect and legitimacy than before such efforts began. All family doctors, teachers and practitioners alike, would lose all of the ground that has recently been gained and more, since all parties to this enterprise are interdependent. Success will be assured when all family doctors realize that scholarly activity is absolutely essential for their continuing existence.