Family Practice Forum

Reflections on Entering and Leaving Practice

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The health care systems of the United States and Britain are very differently structured, and the educational programs for family practice residents and general practice trainees, respectively, contrast strongly in content and environment. Similarly, the way that these physicians, who have completed their postgraduate training, enter practice is quite dissimilar.

In Britain, general practice trainees get their practice experience in an apprenticeship system by being attached as a single learner to a teaching practice, usually working closely with one senior physician. This consists of a continuous general practice attachment of at least six months following a series of hospital internships. During this period, all the trainees in the program usually meet as a peer group one half-day a week for a "day-release" seminar. British vocational trainees do not work together clinically as do their US counterparts, and because of the existence of a totally registered population and the widespread distribution of primary care physicians, entering solo practice or forming a group with one's contemporaries is a most unusual occurrence.

The usual path leads to becoming a junior partner in an established practice, often containing general practitioners of widely ranging ages. The advantages accruing from this arrangement include the passing on, to the young entrant, of clinical wisdom, experience, community acceptances, and an established patient population. The community gains by having the choice of physicians in different age groups, for it is well known that patients like to grow old with their doctor, while young people often prefer the "new" and more up-to-date model. The disadvantages appear often after some lapse of time; personality conflicts, resistance to new ideas and equipment by the senior partner, and exploitation of the young physician in terms of financial and on-call assignments.

Because of the controls exercised by the British National Health Service, the availability of desirable alternate practice situations for the dissatisfied and unhappy "junior" partner are limited, and it may often be necessary to make the best of things and wait for retirement or the proverbial infarct to solve the problems.

In the United States, the dearth of primary care physicians allows for great mobility and flexibility in both entering and leaving practice situations. The structure of family practice training programs is conducive to the development of close personal and professional ties between residents. Consequently, many band together to form groups. Others enter solo practice with the intent of attracting a young colleague as the patient popula-

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tion grows. The process of joining middle-aged or elderly physicians is unusual, although this may occur in large multidisciplinary groups. The methods by which family practice residents enter family practice is not widely documented.

The advantages of setting up practice with like-minded and contemporary colleagues are self-evident: compatability, ease of planning, more satisfactory financial arrangements, and agreement about practice organization.

There are, however, some dangers. Like-minded physicians may develop competitiveness between each other. The experience of dealing with community leaders, authorities, and financial organizations has to be learned without the benefit of advice from a senior physician—many political mistakes can be made in the early years of practice. Finally, the young physicians will grow old together. This will not be good for their patients, especially if they give up obstetrics, a behavior frequently exhibited by family physicians on reaching middle-age. The obstetric patients and their children will then go elsewhere, ensuring a situation which is contrary to the current philosophy of family medicine.

Perhaps when the distribution of family physicians in the United States has been adequately reached, entering practice may approximate more closely the British pattern. Who can tell what mix of physicians is best for a community—much depends on personality and style.

The pattern, models, and directions of residency training in family practice may have greater effects on the characteristics of subsequent practice than is realized. Those characteristics, though desirable in the eyes of the educators, may not be as welcome in the long run for the communities that the family physicians serve. It would be wise for the discipline of family medicine to look carefully at the long-term needs of communities as the residency programs gain momentum and orthodoxy.

Wine is drinkable both when it is young and aged. The connoisseur will keep both kinds together in the cellar, so as to have a good supply on a regular basis.