Guest Editorial

Fellowship Training in Family Medicine: What Next?

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Fellowship training is the most recent addition to family medicine's educational spectrum, which ranges from premedical advising to continuing medical education.[1] Although of recent vintage, this component of the family medicine teaching program has flourished. In 1981 one author was able to identify 128 filled fellowship positions in 34 separate programs in the United States and Canada.[2] The federal government has invested over $13 million in more than 35 different programs. The Robert Wood Johnson Foundation has committed over $7 million to fellowship training in five universities. The W. K. Kellogg Foundation has strongly supported faculty development in both Canada and the United States. Postresidency training, concentrating primarily on educational and research training, is an important activity today in family medicine.

But what will tomorrow bring? The major sources for fellowship training mentioned above have limited lifespans. The Family Practice Faculty Development Fellowship Program sponsored by the Robert Wood Johnson Foundation has entered into its last cycle. The federal investment, although probably stable for the immediate future, will not persist indefinitely in the nation's climate of fiscal austerity.

Family medicine is a bootstrap discipline. Faculty are drawn from the clinical ranks, long on experience and tenacity, short on formal pedagogical training or research experience. At the same time educators have struggled to build family medicine departments and residencies to train a future generation of family physicians, they have been striving to establish family medicine as a full-fledged academic discipline with competence in the area of research. The major mechanism that has been used to build research skills has been faculty development, with formal postresidency fellowship training the centerpiece of that effort.

Further development of academic skills is critical to the health of the discipline. Research capability—the ability to add to the sum of human knowledge about health and disease—will be a major criterion against which family medicine will be judged as an academic discipline. Research skills are not a natural byproduct of normal medical education; they require sustained application under the direction of capable teachers and credible role models. The research agenda does not have to be a reflection of those adopted by the traditional biomedical disciplines, but there must be the same unrelenting dedication to rigor and quality that characterizes research in other successful academic centers of excellence. Fellowship training, by which is meant an organized, full-time educational experience after the completion of residency training, is the most promising mechanism by which to develop skilled researchers who can serve family medicine in making this step into academic legitimacy.

Past and Current Fellowship Programs

The Robert Wood Johnson (RWJ) Foundation pioneered in fellowship training in family medicine by establishing the Family Medicine Faculty De-

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velopment Fellowship in 1978. The foundation has funded five departments in this effort and has supported over 50 individuals in structured fellowship programs. The RWJ program represents one end of the spectrum of fellowship programs: RWJ fellows spend an intensive two-year period exclusively devoted to faculty development activities, with an emphasis on research skills. Most of the fellows in this program have concurrently pursued masters' degrees as part of their program. The foundation has deliberately invested in creating future academic leaders in the field of family medicine, and almost all the graduates are now in academic positions around the country. As a by-product, the program has made important contributions to the research efforts of the host departments. All of the programs are now entering their last cycle of funding, and the last fellows trained under the auspices of this program will graduate in 1985.

The largest source of fellowship support has come from the Division of Medicine within the Public Health Service, which administers Section 786(a) of the Public Health Service Act, the major conduit through which the federal government funds family medicine activities. Family Medicine Faculty Development grants were first awarded in 1978, and to date 35 universities, foundations, or other nonprofit organizations have received these awards. These projects vary in the number of fellows enrolled, the content and length of the fellowship program, the balance between teaching and research emphasis, and the size of the programs themselves. It is estimated that over 200 fellows have completed programs sponsored under the aegis of these federal grants.

Currently the federally supported programs are in their second year of a three-year granting cycle. Although the prospects for future funding are uncertain, the hope is that the program will be able to continue at roughly the same level of support as in previous years. Should this be true, another cycle of faculty development grants could be expected in the 1984 fiscal year.

In addition to the two large programs described above, a number of fellowship positions have been available with diverse sponsorship. The Kellogg Foundation has supported two well-established faculty development programs in Canada, with 18 graduates having finished by 1980, and has funded several programs in the United States as well.[2] Additionally, a large number of departments and residency programs sponsor their own fellowship experiences, although many of these opportunities apparently are not filled. This latter group is the most diverse of all, with the actual positions often extremely flexible and designed to mesh with the needs and resources of the sponsoring institution.

Future Prospects for Fellowship Programs

Although currently there are a wide variety of vigorous fellowship programs in family medicine, the future is murky. Even though federal support may be available for the short term—depending upon the vagaries of the political process—it is necessary to begin to plan for the day when special fellowship funds earmarked for family medicine are no longer forthcoming. In some ways, this presents a healthy challenge because it forces the discipline to institutionalize postresidency training as part of the culture and tradition of family medicine. Only by developing a strong commitment to such training can family medicine realistically expect to make the vital transition to scholarly maturity and parity.

The National Institutes of Health present an enormous and largely untapped resource for the support of fellowship training in family medicine. NIH and its component institutes and organizational units have, in the past few decades, supported thousands of physician investigators as they began research careers. Virtually every operational unit of NIH with granting authority funnels some of its resources into the support of new investigators.

There are two mechanisms through which NIH supports fellowship training opportunities: training grants to institutions, and awards to individuals. Institutional grants are given to medical schools "to develop or enhance research training opportunities for individuals selected by them (the medical schools) who are interested in careers in biomedical and behavioral research." One set of these grants, called National Research Service Awards (NRSAs), can be awarded for up to five years of support and are specifically reserved for training that is not tied to formal residency training and does not lead to a degree. Many of the interests that the component institutes of NIH support fall squarely within the research agenda of family medicine.[3]

The second major mechanism by which NIH supports fellowship training is awards to individuals, a major program of which is the New Investigator Research Awards (NIRA). The purpose of this program is "to encourage new investigators (including those who have interrupted early promising research careers) in basic or clinical science disciplines to develop their research interests in biomedical and behavioral research." As in the institutional training grant program, the various institutes use these funds to develop new, promising lines of inquiry and to augment the ranks of competent clinical investigators in the United States.[4]

In order to tap into this source of fellowship support, educators in family medicine need to develop personal relationships with the agencies and the individuals who administer these programs. Considerable groundwork has been done; several departments of family medicine have competed successfully for NIH grants and are becoming part of the network of researchers for whom NIH is the basic source of support. The recent Society of Teachers of Family Medicine/NIH Joint Conference, hosted by NIH, greatly increased the interchange among members of both groups and dispelled some of the myths and mystery that had enveloped both partners in this promising collaboration. In addition, family medicine educators need to work with colleagues in other disciplines who already have developed training programs using NIH funds. Early explorations have been encouraging since family medicine interests, methodologic repertoires, and access to patient populations often complement those of hospital-based investigators. Joint multidisciplinary proposals that open new areas of investigation can be highly competitive.

Fellowship training also can be sponsored by departments and residency programs willing to allocate existing sources of support to this activity. Internal sponsorship follows a model already adopted by many programs in which highly flexible programs for postresidency faculty development and research training are carved out of existing functions. Many permutations of this basic theme are possible. A basic framework for establishing faculty development programs is available,[5] and examples of innovative multidisciplinary fellowships have been described.[6] A variety of disciplinary combinations are possible in which recent graduates could incorporate additional clinical, teaching, and research experience by pursuing fellowship training in a clinical discipline allied to family medicine. One vital element of such programs is early identification of residents who might be interested in such educational pathways. Now that family medicine is an established discipline with a secure foothold in all spheres of the medical endeavor, it is free to concentrate more energy on developing a strong research activity without fearing a loss of identity.

Family medicine has been fundamentally a clinical discipline, and clinical work is exquisitely sensitive to the needs and demands of patients and the work environment.[7] Research is not part of the culture or the core tradition of family medicine, and it has been only recently that the importance and the promise of developing a scholarly focus within the discipline has been recognized.

Fellowship training in family medicine is the most promising approach to creating a scholarly tradition. There must be, however, a subtle but significant change in the expectations of family medicine educators and students. Family medicine will always remain at heart a clinical discipline, but there is a responsibility to ourselves, our vocation, and our patients to contribute to the knowledge that is the basis of medical care.

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