

## Primary Care Recruitment: Shooting Ourselves in the Foot?

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Not a week goes by that I do not read at least one story on the crisis that is primary care. Medical societies, government organizations, and advocacy groups all agree on one thing: The state of primary care is not a good one. The press—popular and scientific—is replete with articles that propose solutions to improve this situation. Most solutions involve financial reforms, including changes to reimbursement and loan and educational debt forgiveness programs. Others, like those proposed by some SGIM members, focus on changing the primary care environment in which we practice. (See “In Search of Joy in Practice: A Report of 23 High-Functioning Primary Care Practices,” with free full text available online in *Annals of Family Medicine*.)

I can't help but ask, though: Are we our own worst enemies in recruiting more medical students and residents to become primary care doctors? Imagine being a newly minted, first-year medical student, a “stem-cell” who can be programmed into whatever specialty or practice the environment demands. On the one hand, these students

hear of high salaries, good lifestyle, and prestige from specialty societies. From the primary care lobby, they hear of low wages, long hours, and lack of respect. No, it is not specialty societies saying this about us generalists—it is we ourselves! From the day they enter training, students and residents are shown highly functional, rewarding practices where clinicians enjoy their jobs. This role modeling and mentoring is critical to recruitment (and eventual retention). The message they receive in the office, however, is completely unsupported by the “public relations” message we use to advocate for primary care.

Instead, when we advocate for ourselves—and when our societies advocate on our behalf—they use words like “crisis.” Simply typing in “primary care crisis” gets over 74 million results on Google. Yes, 74 million!

What student would want to willingly sign up for a life of crisis?

In December 2012, National Public Radio ran a story by Rebecca Plevin, titled “Mission-driven Doctors Filling the Gap in Underserved Areas.” In this piece, Ms. Plevin

tells how many practices have successfully recruited primary care clinicians by appealing to a sense of mission, whatever it may be (i.e. the chance to work abroad for two weeks a year, flexible schedules). Indeed, a good friend of mine who is a family practice physician here in Connecticut works 28 hours a week. She notes, “I could not work 40 hours a week—I would burn out—but working 28 keeps me happy. I love being a primary care doctor.”

I am not saying that there is not a problem with recruitment or retention of primary care clinicians, and I am not saying this is solely because of our profession. This issue is so complex and multi-faceted that it will take years to fix. But it will get fixed—one way or another. In the interim, though, we might do our students, residents, and profession well to try recruiting primary care physicians by focusing on the mission of primary care rather than the crisis of primary care. Reframe the discussion. Try it the next time you give a talk, and see! (PS: I can tell you it is actually fun, and it works!)