Frequently Asked Questions

- Why is Family Medicine important?
- Is there a shortage of primary care physicians?
- What can students do in the 1st and 2nd years to explore and/or prepare for a career in Family Medicine?
- What summer opportunities are there for students interested in Family Medicine?
- Are there fellowships during medical school for students interested in Family Medicine?
- What can students do in 3rd year if they want to consider a career in Family Medicine?
- What rotations should students take in 4th year if they are considering a career in Family Medicine?
- What is the Primary Care Leadership Academy (PCLA) and what does it do?
- What is the Center for Excellence in Primary Care (CEPC) and how can I get involved?
- What does a Family Medicine Residency consist of?
- What common variations exist in Family Medicine after residency? Are fellowships available?
- What is a typical workday like for a Family Medicine physician?
- There are several primary care specialties. What is the difference between the specialties of Family Medicine, General Internal Medicine, General Pediatrics and Med/Peds?
- Who goes into Family Medicine? What is the culture of Family Medicine like?
- How compatible is a career in Family Medicine with raising a family?
- What are some differences between Family Medicine residencies? How competitive are programs?
- How competitive is the job market after residency?
- What Family Medicine residencies have been popular with UCSF students?

Why is Family Medicine important?

Strong primary care is essential to improved health outcomes, lower costs, and increased equity of health. The breadth and depth of Family Medicine provide optimal training in delivering primary care, focusing on prevention, maintaining wellness, and promoting effective, efficient methods for delivering cost-effective care. Primary care forms the basis of a health care system that is designed to do the most good for the greatest number of people possible. Our nation’s health care system is in crisis and family physicians are optimally positioned to take a leading role in practice redesign and delivery innovation.

The Institute for Healthcare Improvement defines the Triple Aim as 1) Improving the patient experience of care (including quality and satisfaction); 2) Improving the health of populations; and 3) Reducing the per capita cost of health care. The goals of Family Medicine are to address the Triple Aim, in a context of providing patient and family-centered care in a
continuity practice.

?The nation?s over reliance on specialty care services, at the expense of primary care, leads to a health care system that is less efficient?Preventive care, care coordination for the chronically ill, and continuity of care ? all hallmarks of primary care medicine ? achieve better health outcomes and cost savings.? (Government Accountability Office, 2008)

Is there a shortage of primary care physicians?

If the system for delivering primary care in 2020 were to remain fundamentally the same as today, there will be a projected shortage of 20,400 primary care physicians. Demand for primary care services is projected to increase through 2020, largely because of aging and population growth and, to a much lesser extent, from expanded insurance coverage as the Affordable Care Act is fully implemented. The Affordable Care Act includes a number of investments and incentives to increase the supply and improve the distribution of primary care practitioners (PCPs), as well as transform the health care delivery system.

Based on current utilization patterns, demand for primary care physicians is projected to grow more rapidly than physician supply.

- The number of primary care physicians is projected to increase from 205,000 FTEs in 2010 to 220,800 FTEs in 2020, an 8-percent increase.
- The total demand for primary care physicians is projected to grow by 28,700, from 212,500 FTEs in 2010 to 241,200 FTEs in 2020, a 14-percent increase.
- Without changes to how primary care is delivered, the growth in primary care physician supply will not be adequate to meet demand in 2020, with a projected shortage of 20,400 physicians. While this deficit is not as large as has been found in prior studies, the projected shortage of primary care physicians is still significant.

*Projecting the Supply and Demand for Primary Care Practitioners Through 2020*[1]


Nearly 70% of health care organizations searched for a family medicine physician in 2013. Family medicine continues to be the most common physician search.

*Half of All Primary Care, Internal Medicine Jobs Unfilled in 2013*[2]

John Commins, for HealthLeaders Media, August 21, 2014

Primary Care Doctors Growing Scarce *[3]

Drew Joseph, SF Chronicle, January 1, 2013

What can UCSF students do in the 1st and 2nd years to explore and/or
prepare for a career in Family Medicine?

- Participate in the Family Medicine Interest Group (FMIG).
- Apply to the Primary Care Leadership Academy (PCLA). [4]
- Request a selective placement in a Family Medicine clinic.
- Identify a Family Medicine mentor in the first year.
- Participate in and organize family and community medicine electives.
- Become involved with primary care innovation through the Center of Excellence in Primary Care (CEPC). [5]
- David Vanderryn Memorial Fund Summer Program Fellowship
- PCLA Summer Internship
- Contact Roy Johnston [6] for further details on above opportunities

What summer opportunities are there for UCSF students interested in Family Medicine?

- David Vanderryn Memorial Fund Summer Program Fellowship
- PCLA Summer Internship
- Homeless Health Clinic Projects
- Please visit the summer opportunities page [7] for more info on these programs.

Are there fellowships during medical school for UCSF students interested in Family Medicine?

- PCLA [8] - This fellowship is designed to support 4th year medical students who are applying to residency in a Primary Care specialty and desire to contribute to the design, implementation and evaluation of the Academy. Fellows will work closely with the PCLA leadership team on strategic planning, curricular innovation, and activity promotion. They will also assist in the coordination and dissemination of PCLA information. This stipend-supported fellowship also includes the opportunity to explore both short-term and long-term projects to ensure leadership skill development.
- Gibbs [8] - This fellowship is designed to support 4th year medical students who are applying to residency in Family Medicine and desire to make a meaningful contribution to enhancing primary care through an educational endeavor, research project, or practice innovation. This stipend-supported fellowship requires 4 weeks of elective time and the completion and dissemination of a longitudinal project. Fellows may develop a new project or enhance their efforts in an on-going project.
- CEPC [8] - This fellowship is designed to support 4th year medical students who are applying to residency in a Primary Care specialty and are interested in working on a Primary Care Transformation project. Fellows will collaborate with the CEPC team to select appropriate projects and mentors. This stipend-supported fellowship requires the completion and dissemination of a longitudinal project.
- PCLA/SSLE - Student Led Clinic Fellowship to promote primary care collaboration and outreach amongst the UCSF student led clinics.
What can students do in 3rd year if they want to consider a career in Family Medicine?

- Consider third year tracks that will offer you opportunities for a specific longitudinal experience in Family Medicine such as Model SFGH, PISCES or KLIC
- Meet with faculty advisors in Family Medicine
- Attend the FCM Jack Rodnick Annual Colloquium (Spring)
- Attend the Northern California Family Medicine Residency Fair at UCSF (July)
- Join the Primary Care Leadership Academy

What rotations should UCSF students take in 4th year if they are considering a career in Family Medicine?

Fourth Year Family Medicine Sub - Internship

- **Family Medicine Inpatient Service at SFGH** - Intensive sub-I, tier 1A, substitutes for senior medicine. Strongly recommended. You can do it even if you did junior med at SFGH. Outstanding teaching, great contact with residents and faculty. Scheduled through EVOS.

- **Family Medicine Ambulatory Care Sub-I at Santa Rosa** - All outpatient sub-I, tier 1A. Great exposure to diverse outpatient problems in chronic and acute care. Students are assigned to one of two sites: Santa Rosa Family Medicine Residency Program (Vista) or Kaiser Santa Rosa. Students need to arrange their own transportation and/or housing. Not scheduled through EVOS; contact Roy Johnston to arrange.

- **Family Medicine Ambulatory Care Sub-I at San Francisco Free Clinic** - All outpatient sub-I, tier 1A. A wonderful local rotation, this clinic in the Richmond District of San Francisco provides free, accessible medical treatment to the uninsured. Services include treating the full range for acute and chronic illnesses with a special emphasis on preventive care (something that the uninsured rarely receive). Not scheduled through EVOS; contact Roy Johnston to arrange.

Fourth Year Family Medicine Electives

- Contra Costa Residency Program Electives
  1. **?Sutures, Scopes and Sonos?** is an elective on outpatient procedures only for UCSF students at West County Health Center in San Pablo. Tier 2, contact Roy Johnston to arrange.
  2. **Traditional Contra Costa Regional Medical Center (CCMRC) sub-internship** - a mix of inpatient and outpatient experiences. This is run through the Martinez residency program. Note that this is considered an ?away? rotation so UCSF students get tier 2 credit for it and it cannot replace a UCSF sub-I. Contact Roy Johnston for details on how to arrange.
- **Kaiser Permanente Napa Solano Family Medicine Residency Program** - ?Sub-internship? offered in outpatient and/or inpatient care. Excellent clinical immersion
opportunity to participate in care of families, children, women etc. Note that this is considered an ‘away’ rotation, so UCSF students get tier 2 credit for it and it cannot replace a UCSF sub-I. Contact Roy Johnston [6] for details on how to arrange.

- John Muir Health Family Medicine Residency Program - This is an ambulatory clerkship, with an emphasis on Integrated Behavioral Health, Women’s Health and Musculoskeletal / Sports
- Natividad Family Medicine Residency Program (Salinas) - May include outpatient, women’s health (OB) etc. Talk with Margo [9] to arrange individually.
- Indian Health Service (New Mexico, Arizona, Alaska, etc)
- Billings Montana Residency Program [10] (rural placement, helps with housing and may pay stipend)
- International Health (FCM 140.70) ? contact Roy Johnston [12] for procedures and information on where prior students have gone.
- Developmental Disabilities elective (FCM 140.16) The field of Developmental Medicine is in its’ infancy and UCSF is taking a leadership role in developing it. Activities and placements will be designed based on interests. Visit http://odpc.ucsf.edu/ [13] for more info.
- Patient Advocacy Elective (FCM 140.10) with Dr. Mark Renneker.
- Family Medicine research elective (FCM 150.01) ? contact Roy Johnston [12] to arrange.

What is the Primary Care Leadership Academy (PCLA) and what does it do?

The Primary Care Leadership Academy (PCLA) is a collaboration of students, residents, and faculty working together to engage in primary care transformation, enhance community health outreach, optimize primary care education, mentor primary care career choice, and promote primary care advocacy. Visit http://pcla.ucsf.edu/ [4] for more information and an application.

What is the Center for Excellence in Primary Care (CEPC) and how can I get involved?

The Center for Excellence in Primary Care (CEPC) identifies, develops, tests, and disseminates promising innovations in primary care to improve the patient experience, enhance population health and health equity, reduce the cost of care, and restore joy and satisfaction in the practice of primary care. Visit http://cepc.ucsf.edu/ [5] for more information.

What does a Family Medicine Residency consist of?

- Family Medicine residencies are 3 years to be board eligible. Some programs have changed to 4 years, with the possibility of additional training in specific areas. Family Medicine residency training consists of substantial experiences in outpatient primary care for adults and children over three years, outpatient prenatal and geriatrics care,
rotations in inpatient adults medicine, inpatient pediatrics, obstetrics and gynecology (including labor and delivery), emergency medicine, surgery, intensive care unit, etc. There are also rotations in specialty clinics and a focus on learning outpatient procedures such as joint injection, IUD placement, skin biopsies, cyst removal, etc. Many residencies offer the option of abortion training. Family Medicine residency also includes experience in office based counseling, community medicine, and quality improvement projects.

- There are some combined programs. Family Medicine-OB/GYN-4 years and Family Medicine-Psych-4 or 5 years.

What common variations exist in Family Medicine after residency? Are fellowships available?

- There are numerous possibilities and variations after training. Full scope Family Medicine includes prenatal care and deliveries, and continuity care for patients throughout the life cycle. Nationally, about one third of Family Physicians practice obstetrics. Other Family Physicians practice primary care for the entire family, by providing caring for parents, children and grandparents; however, they may collaborate with colleagues in obstetrics who will deliver babies. After the delivery, Family Physicians will then care for the new baby and mother as well as the rest of the family. Some Family Physicians choose to work in hospitals and provide inpatient care, but others do not. What unites the practice of Family Medicine is that nearly all Family Physicians spend at least some of their time providing primary care in a continuity setting.
- Post-residency fellowships or Certificate of Added Qualifications (CAQ)s are available in: Adolescent Medicine, Sports Medicine, Geriatrics, Research, Obstetrics, Research, Public Policy, Health Advocacy, Complementary-Alternative Medicine, and Medical Education.
- Because of the breadth of training, Family Medicine is a highly desired specialty for global health and also for rural settings. Family Medicine is the only specialty for which Doctors without Borders will give long-term placements abroad.
- It is not necessary to complete a fellowship to start clinical practice. Most Family Medicine clinicians do not complete sub-specialty fellowships.

What is a typical workday like for a Family Medicine physician?

- This is highly variable and dependent on the career path one chooses. Practicing FM clinicians work primarily in outpatient settings, primarily in groups or larger health care organizations (e.g. Kaiser Permanente). Many work in community-based clinics. Some Family Physicians work as hospitalists. Others work in Women’s Health setting (family planning, gynecology or abortion services). Others work in Sports Medicine practices.
- Family Physicians also work in emergency rooms, hospitals, rehabilitation facilities, nursing homes, and other inpatient and chronic care settings. Many Family Physicians include minor procedures (e.g.: joint injection, skin biopsy, endometrial biopsies, IUD placement, etc.) in their practice. Family Physicians interested in teaching can include precepting medical students and residents in their clinical practice.
Family Physicians may combine research, education, public health, health policy and advocacy with part-time clinical practice. Others work in global health settings. Family Medicine is characterized by diversity of scope, practice and opportunity. Many family physicians "mix and match" different components of their practice to best suit their career interests.

There are several primary care specialties. What is the difference between the specialties of Family Medicine, General Internal Medicine, General Pediatrics and Med/Peds?

Family Medicine physicians care for adults and children. About 30% of family doctors also provide obstetric care. Although family doctors may practice in inpatient and other settings, the mainstay of the specialty focuses on primary care of all ages and has an emphasis on preventive care and community health. In a typical outpatient practice, a family physician will see adults and children to provide well child care, acute care, chronic care, and preventive care. Family Physicians are also trained to do minor procedures such as joint injections, skin biopsies, IUD placement etc., in their practice.

General internists complete a 3-year residency in Internal Medicine. Their training is focused on the care of adults in inpatient, critical care or outpatient settings. General internists refer to internists who practice adult primary care in an outpatient setting, including chronic care, acute care, and preventive care.

General pediatricians complete a 3-year residency in Pediatrics. Their training is focused on care of children in inpatient, outpatient or nursery/NICU settings. Pediatricians in general practice treat children in an outpatient primary care setting, including well child care, acute care, chronic care, and preventive care.

Med/Peds originated as a specialty focused on specialty care, not primary care. It is a four year training. Med/Peds training includes a strong hospital and specialty emphasis. From the NMPRA website: "Med-Peds prepares a physician well for private practice, academic medicine, hospitalist programs, and fellowships."

Who goes into Family Medicine? What is the culture of Family Medicine like?

- The culture of Family Medicine is patient-centered, focused on continuity of care, community health and congruent with the primary care medical home (PCMH). Long-term relationships with patients and families are the foundation of Family Medicine. There is a strong orientation toward preventive care and public health. Community medicine is an important aspect of many practices. Many Family Physicians are engaged in local or national health reform efforts that focus on providing effective, efficient and cost-effective care that meets the needs of the national population. Other Family Physicians are engaged in social justice and/or global health efforts. Many Family Physicians also place a high value on providing care for diverse patient populations, including medically underserved patients.
- Important qualities for Family Physicians include comfort with broad-spectrum care;
skills in collaboration, communication and flexibility; and the ability to work on multi-disciplinary teams.

How compatible is a career in Family Medicine with raising a family?

Family Medicine is very compatible with raising a family. In recent years, the majority of graduates entering family medicine are women. Job sharing and less than full time work is available for both men and women. Due to the specialty’s commitment to maintaining physician and family well-being, and also because of the high demand for primary care physicians, Family Physicians are in an excellent position to shape their jobs to work with family needs.

What are some differences between Family Medicine residencies? How competitive are programs?

- UCSF graduates are recognized as excellent applicants for residency and are often highly recruited by residency programs throughout the country. In recent years, with the increased interest in primary care, family medicine residency programs have become more competitive.
- There are many types of family medicine residency programs in a variety of settings and with different missions. There are community programs without other training programs (?unopposed? or ?solo?), academic medical centers with a full range of other residency programs, rural programs and urban underserved programs. There are also residency programs at institutions with other residency programs (?opposed? or ?collaborative? programs)

How competitive is the job market after residency?

With the increased interest in primary care and Family Medicine as the foundations of medical care, there is a demand for more Family Physicians and primary care physicians throughout the country. Salaries for Family Physicians, although less than sub-specialists, are increasing. There are loan re-payment programs available in Family Medicine.

What Family Medicine residencies have been popular with UCSF students?

- Because there are a variety of programs within different settings and foci, applicants should initially identify their long-term interests and goals, and then explore programs that fit those interests and goals.
- Popular programs for UCSF students include all the Bay Area programs including the UCSF Family Medicine residency program at ZSFGH, Santa Rosa Family Medicine Residency, Contra Costa Regional Medical Center, San Jose O?Connor Hospital, Kaiser Permanente Napa-Solano in Vallejo, Kaiser Permanente Santa Rosa, UCSF at Fresno, John Muir Health, and Natividad in Salinas. In addition to other California
programs, our graduates have been drawn to many areas around the country, including Seattle (Swedish, UW), Boston (BMC. BU), Los Angeles (UCLA/Harbor), and New York (Montefiore, Mt Sinai, etc.).

- Students considering applying in Family Medicine should meet with Dr. Margo Vener [9] during summer of their 4th year to help develop their list of potential programs to apply to.

---

**Family and Community Medicine**

500 Parnassus Avenue, MUE3  
San Francisco, CA 94143  
**Phone:** 415-476-1482 **Fax:** 415-476-6051

---

**Source URL:** http://fcm.ucsf.edu/choosing-family-medicine/frequently-asked-questions

**Links**

[6] mailto:johnstonr@fcm.ucsf.edu  
[9] mailto:Margo.Vener@ucsf.edu  
[12] mailto:Roy.Johnston@ucsf.edu  