Students ranked family medicine first in specialty choice in the survey, which was published Aug. 8, and family medicine also fared the best when students were asked to name their least favorite rotation in medical school.

Medscape surveyed 2,176 medical students about their readiness for a medical career for the wide-ranging report.

Forty-six percent of respondents said they have chosen their specialty. Family medicine/general medicine was selected by 12 percent, edging out emergency medicine (11 percent) and pediatrics (9 percent).

The largest group of students (69 percent) chose their specialty because of "personal interest in the field." Only 1 percent made a selection because of income potential. AAFP President Wanda Filer, M.D., M.B.A., of York, Pa., is not surprised.

**STORY HIGHLIGHTS**

- Family medicine ranked first among specialty choices in a survey of medical students recently published by Medscape.
- The largest group of respondents said they made their specialty choice based on "personal interest in the field."
AAFP President Wanda Filer, M.D., M.B.A, works to keep students interested in family medicine by educating them about earning potential and the authority family physicians exert.

"When you go into family medicine, you have the opportunity to become the physician you wanted to be in medical school," Filer said. "You're not about one organ or one gender. You get to take care of everybody, and you will be incredibly good at it."

Another sign of family medicine’s popularity emerged when students were asked to name their least favorite rotation. Surgery ranked the worst at 18 percent, while only 5 percent of students rated their family medicine rotation poorly.

Male students considered income potential to be a bigger factor in choice of specialty than female students did. When asked about the importance of income, 41 percent of men and 28 percent of women said it was extremely important, and 44 percent of men and 47 percent of women called it moderately important.

Some students tell Filer that they are drawn to family medicine but mistakenly assume that starting salaries are much lower than they actually are. She corrects them and goes further.

"For some students, debt is a big concern, but I tell them, 'You can still have a viable career as a family physician,'" Filer said. "The average resident is receiving four times the salary I had when I finished residency. Each year there is an increase in the availability of loan forgiveness programs."

During the past academic year, 10.2 percent of graduates from allopathic and osteopathic medical schools in the United States entered family medicine residencies, marking the seventh straight year that the number of students selecting family medicine increased.

"There is a growth trend, but it needs to increase at a faster rate to catch up with the primary care workforce shortage," said Ashley Bentley, M.B.A., an AAFP student interest strategist.

The goals of students tend to align with this need as they enter medical school. Their admission letters and personal statements highlight values and personal interests that match a primary care career regardless of whether they have already chosen a specialty, Bentley said.

But the competitive culture of medical schools draws some students' attention to subspecialties. Bentley said this phenomenon, known as the "hidden curriculum," steers talented students with high test scores toward subspecialties deemed to be the most competitive. These tend to be the ones with the highest earning potential and fewer residency slots. Because family medicine offers more residency slots, this specialty becomes less competitive, and it can be seen as less prestigious in this environment.

This is the kind of culture that Filer strives to reverse in meetings with medical students. She tells them that family medicine should not be a "safety choice" and that many of them do not understand where family physicians rank in the medical hierarchy.
Family physicians are patients' first source of patient care and often are the ones with whom patients will speak frankly about their health care experiences. Filer illustrates her point by talking about how she stands up for her own patients.

"If one of my patients tells me that a surgeon treated them poorly, I will call that surgeon up and tell him, 'Do you think I will send anybody else your way?'" she said.

"Students are floored when I tell them how much authority family physicians have," Filer said. "If you want to be the driver for patient care, you become a family physician."

Source: American Academy of Family Physicians