EDITORIAL

The Impact of Primary Care on Academic Medicine

Twenty years ago, with the advent of three formal subspecialties in obstetrics and gynecology, there was apprehension in the specialty that the day of the generalist obstetrician and gynecologist was coming to an end. Surely, he (usually) or she would shortly be replaced by a nurse-midwife and some medical school-based wizard. To the contrary, over the past 2 decades obstetrics and gynecology has grown ever stronger, with a sharply more sophisticated research base and equally improved patient care throughout the specialty. Educational programs at the residency and continuing medical education levels are unequaled by any other specialty.

Now, driven by the necessity of protecting the right of women to have access to their obstetrician/gynecologist, and the ability of the physician to continue to provide the preventive-generalist care that is reality in most practices if he or she (increasingly) wishes, a successful political battle for the primary care designation has been won. Other similar skirmishes lie ahead, but the affirmation of "primary care" simply reflects our specialty's diversity. The 1983 Liaison Committee for Obstetrics and Gynecology definition of the obstetrician and gynecologist emphasizes the many possible pathways that can be taken after residency, and how this diversity improves health care for all women we serve.

As one outcome of the strengthening of our academic and research base over the past 20 years, obstetrics and gynecology now attracts record numbers of incredibly bright medical school graduates into residency. We consistently fill almost 100% of existing positions in the residency match, while only surgery among the other five of the "big six" specialties does not struggle to fill 80% of its slots. Among these residents are our future fellows, future scientists, and future academic leaders. Society, in general, has come to recognize the importance of research directed at women's health needs, and this emphasis will continue. The challenge to this Society is first and foremost to protect and promote *research training* by supporting existing research scientist development and training awards, and encouraging those young physicians who should, and then do, apply for them.

An emphasis on primary care does not make us the less, as John Donne might have said. If we hear a bell tolling, it is the call to SGI to do what it can do best—continually strengthen the development of young investigators for the future of obstetrics and gynecology.

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