later.[8] We also publish a piece by our Editorial Fellow, Kate Rowland, calling the current new generation to a conversation about what is important and what will undoubtedly be passionate.[9]

We need the wisdom of our founders, who worked in demanding community environments with little respect from medical schools but who persevered to bring the discipline into being. We also need the discernment of the coming generations to help find a different way that works in the current environment, while advancing the shared values that established and defined the coming of family medicine. New ways may well be healthier for both patients and for their family physicians, as well as for the families, teams, and communities in which they live and work. But those ways are, on the whole, untested, and they need to be as adaptive and varied as the communities in which we work. We invite you to join the reflection and the conversation at www.annfammed.org/content/12/1/6.

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Key words: history of medicine; family practice, family medicine, delivery of health care

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EDITORIAL

The Voice of the New Generation of Family Physicians

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In 2000, three generations of family physicians met to discuss the state of family medicine at the Keystone III conference. Generation I were the founders of the specialty, Generation II were those actively establishing and advancing the field, and Generation III represented the newest family physicians at the time. At Keystone III, the Generation III physicians drew together to write about what it meant to be a family doctor and what challenges they saw facing the field of family medicine.[1] In the years since, Generation IV has come up in the specialty. We were in medical school, in college, or in our previous careers in 2000. Now we are ready to introduce our generation and add our voices to the important discussions happening on all levels of family medicine. Although we look to Generations I, II, and III for wisdom and experience in weathering large-scale changes, it is time for us to draw on our own new ideas to effect that change and move into action.

Generation IV shares Generation III's respect for the traditions that built our specialty, and we are grateful for the generations of family physicians who created the philosophies and standards of family medicine that attracted us into the field. As Generation III predicted, we are more diverse than ever.[2-4] New family physicians today are more likely to be members of an underrepresented minority group or to be women (or both) than the family physicians of each previous generation.

Expanding on previous generations' work, Generation IV family physicians have infiltrated every access point that patients have into our health care system; you can find us in primary care offices, in hospitals, in emergency departments, and in urgent care centers.[5]

We can be board-certified or hold a certificate of added qualification in sports medicine, bariatric medicine, adolescent medicine, sleep medicine, palliative care and hospice medicine, or geriatric medicine. You can see us developing innovative models of practice that blend the person and the population, while working toward the system and community values that Barbara Starfield demonstrated.[6] As a field, our clinical and health-promoting scope continues to widen, even as individual physicians may choose to limit their practices to fit their interests.

Generation IV family physicians have thrived in the environment that earlier generations, especially Generation III, created for us. Generation III fought for the ability to practice part-time if family needs demanded it and for the ability to model work-life balance as a healthy demand. Generation IV family physicians follow closely behind them. We take care of ourselves and our families, and we define ourselves beyond the examination room. We are proud to be community members, parents, entrepreneurs, scholars, and hobbyists. We enrich our personal well-being and our understanding of our patients by opening ourselves to these settings.

Generation IV physicians bring new strengths and approaches to family medicine. Most Generation IV doctors enter medicine expecting a team-based approach to patient care. In the outpatient office, we are primed for collaboration with nurses, physician extenders, pharmacists, and office staff. Most Generation IV doctors who practice regular primary care medicine will have partners. Many Generation IV physicians are content to share call coverage and to collaborate with hospitalists, laborists, and emergency and urgent care clinicians. We use this collaborative spirit, rather than earlier generations' moral authority, in the examination room to seek a mutually agreeable treatment plan with our patients. Rather than being personally available for whatever our patients need, we have been brought up to be comfortable with handoffs and to trust our colleagues with our patients. Around the clock availability means checking the electronic health record and answering the cell phone, not carrying a pager 24/7. Generation IV physicians have never known it any other way.

We understand the systemic problems facing family medicine because we experience these problems or watch our patients experience these problems every day: access to care, disparities in care, reimbursement for care, paying for care. Because we have groomed other interests along with our medical skills, we have the public health, business, public policy, or other specialized knowledge needed to actively solve the problems, too. We have the skills to collaborate internally and externally to solve the big problems our generation faces.

Though we are primed to meet them, Generation IV must be challenged to address these greater systemic problems. The diversity and flexibility that we embrace can limit our ability to unite as a specialty and stand up with our family medicine colleagues, even those who have chosen different paths in family medicine. Rather than burrowing into the hole of our own practices and hoping that we can just get through our careers untouched by major shifts in health care policy, we must remember that we are part of the greater whole of family medicine. Practicing family medicine has always meant more than just doing a job, and it's no different for Generation IV. We are supporting a specialty, our patients, and the thousands of other family physicians out there. Generation IV needs to be actively involved in solving the problems, or the strengths that we bring will be left out. Join the discussion right now at www.annfammed.org/content/12/1/6 or via Twitter @annfammed.

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