Family Medicine Updates

From the Association of Family Medicine Residency Directors

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THE VALUE OF OSTEOPATHIC RECOGNITION

After a 5-year transition, as of June 30, 2020, Single Accreditation is now complete. Under the single accreditation system, the Accreditation Council for Graduate Medical Education (ACGME) serves as the nation's sole accreditor for both osteopathic (DO) and allopathic (MD) residencies and fellowships. Now there are new opportunities for expansion of osteopathic principles and practices (OPP) through the distinction of Osteopathic Recognition (OR). OR is a designation conferred by the ACGME's Osteopathic Principles Committee upon ACGME-accredited programs that demonstrate, through a formal application process, the commitment to teaching and assessing OPP at the graduate medical education (GME) level.[1]

Undergraduate osteopathic medical education emphasizes holistic patient care and accentuates the mind, body, and spirit. This parallels the role and value of family medicine, including that family physicians help patients prevent, understand, and manage illness, navigate the health system and set health goals.[2]

OR is an important distinction for residency programs. It allows programs to strengthen their applicant pool in accordance with their missions. Each year there are an increasing number of DO family medicine applicants. From 2018 to 2019 there were 410 more DO seniors (1,399 vs 989) in the National Resident Matching Program (NRMP) match. Many of these seniors wish to continue OPP training during their GME years.

More family medicine residencies have embraced OR than other specialties. Of the 240 programs that have achieved OR (approximately 2% of the 12,104 currently accredited programs), 152 of those are Family Medicine (63%). That represents 22% of the nation's family medicine programs.[3]

Programs have pursued OR to preserve existing American Osteopathic Association (AOA) and dually accredited programs, increase osteopathic education in the region, embrace value-added OR benefits, and attract a larger applicant pool. The osteopathic approach reduces medical care costs, improves outcomes and patient satisfaction.[4] Teaching the principles of osteopathy also provides an excellent opportunity for allopathic residents to enhance their knowledge and skill in OPP, including osteopathic manipulation.

Programs interested in obtaining OR use the online application within the Accreditation Data System (ADS). OR requirements and FAQs can be found on the ACGME website.[5] There is no initial ACGME site visit required or fee to apply. Programs need to have at least 2 DO faculty, with one of those being the Director of Osteopathic Education. This role can be shared between programs. Many regional consortiums and Colleges of Osteopathic Medicine have staff expertise in the application process. There are national experts within the Assembly of Osteopathic Graduate Medical Educators or American College of Osteopathic Family Physicians who can guide programs through the process. Information on how to promote an osteopathic learning environment is also available, even if osteopathic recognition is not manageable at this time.

Programs interested in gaining OR may want to find a mentor, assure institutional support, and recognize the strength of curricula, didactics and training already happening in the program. Some challenges can be meeting and maintaining the additional accreditation requirements and recruiting enough DO faculty. This latter will likely improve as the number of DO residents increases.

Pursuit of the ACGME distinction of OR may not be the right step for every program but having osteopathic residents and allowing them to continue their osteopathic pursuits will benefit all residents, both allopathic and osteopathic, as well as their patients.

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AAFP From the American Academy of Family Physicians

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NEW AAFP PRESIDENT HEEDED CALL TO SERVE

Ada Stewart, MD, was installed as AAFP president October 13, 2020 during the Academy's virtual Congress of Delegates. Although the title is new to Stewart, leadership is not.

Stewart chaired AAFP committees and commissions and served as president of the South Carolina AFP before serving 3 years as an AAFP director and the past year as president-elect. Her progression in family medicine leadership coincided with her rise to the rank of colonel in the US Army Reserve.

Shortly before Stewart was installed as president, she talked with *AAFP News* about her career path and leadership development, the need for equity in leadership roles, and the challenges facing family medicine.

Q: When you were named AAFP president-elect in 2019, you told the Congress of Delegates, "This is historic." What does it mean to you to be installed as the 1st Black woman, 3rd Black person, and 4th woman to be AAFP president, especially at a time when issues related to race and equity are being raised nationally?

A: Representation matters, and we are now living through a historical shift in how our society views its legacy of underrepresentation of minorities and women in leadership roles. My personality is not to make a huge deal of being a woman and being African American. It is who I am. But the historical significance of my election really hits home when I hear people tell me how happy they are to see an African American woman in leadership.

Much is made of the importance for young people to see people who look like them serving in important roles in society. But representation matters to everyone—even to adults. I remember how proud I was last year when Dr Patrice Harris was elected as the 1st African American woman president of the AMA. When we see ourselves in others—when we can aspire to standing in their shoes—it gives us hope that society can be more open, more diverse, and more inclusive. I hope I can inspire others to not only become physicians, but to also become leaders in their communities, especially in times such as these when the issues of racial injustice are foremost in our minds.

It deeply humbles me to consider that I stand on the shoulders of the women who came before me. As the late Justice Ruth Bader Ginsburg said, "Women belong in all places where decisions are made. It should not be that women are the exception."

I must note that I am also proud to follow in the footsteps of another person of color, AAFP Board Chair Gary LeRoy, MD.

Q: You lost your mom to breast cancer and your dad to heart disease—both diseases that disproportionately affect Black people. How did that affect your career path then and how does it help shape your view of health equity?

A: Losing my mom and dad to preventable health conditions compelled me to become a family physician. I was drawn to the specialty because of its emphasis on prevention, treatment and care for the whole person. I saw first-hand the result of health inequity as I watched my mom, with a late diagnosis of breast cancer, die within months. I wanted to prevent another family from suffering the same devastating loss. That is why I dedicated my life to serving communities that are underserved and underprivileged.

Q: You originally studied to be a pharmacist. What made you go back to school to become a doctor? Why family medicine?

A: My dedication to the specialty of family medicine began while I worked as a community pharmacist. As a pharmacist, I provided friendship, preventive education, and emotional and spiritual support to patients. The preventable deaths of both my parents motivated me to want to do more. While reading the local newspaper one day, I read about a local family physician who spoke of her role in providing health education, preventive medicine, care of the entire family and treatment of the whole person. I immediately realized that those were the roles I wanted to fill. Subsequently, I began my quest to apply to medical school and then specialize in family medicine.

Q: After 9/11 you joined the US Army Reserve. Why was that an important step for you, and how did it help shape you as a leader?

A: Throughout my life, I have been committed to