Family Medicine Updates

From the Association of Departments of Family Medicine

From the Society of Teachers of Family Medicine

From NAPCRG

From the Association of Family Medicine Residency Directors

CAFM LEADERSHIP DEMOGRAPHICS

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In 2016, recognizing the need for a more robust and diverse leadership pipeline for academic family medicine, the Council of Academic Family Medicine (CAFM), comprised of the Association of Departments of Family Medicine (ADFM), the Association of Family Medicine Residency Directors (AFMRD), the North American Primary Care Research Group (NAPCRG), and the Society of Teachers of Family Medicine (STFM), created a Leadership Development Taskforce. The charge of the taskforce was to develop a plan to explore what we knew about leadership development for academic family medicine and to address gaps.[1] This taskforce identified their main question as, "How do we identify and sustain more people, particularly women and those underrepresented in medicine (URMs), through a leadership pathway in academic family medicine?" They also identified the need to create a culture conducive to developing and sustaining leaders of diverse backgrounds. This development may result from personal connections, nurturing, mentoring, and career navigation within the context of the 4 CAFM organizations' existing leadership development programming, including matching individuals with the right opportunity at the right time.

As part of their charge, the taskforce reviewed existing data pertaining to current and recent past leaders—who are they, how did they get there, how long do they stay—and identified gaps in available information. They developed recommendations for which data we need to collect and how.[1] In reviewing the data, the taskforce found that data on who assumes leadership roles and how long they stay in those roles is scanty and inconsistent across organizations and role types. The group acknowledged we often have sporadic snapshots for a year but no consistent tracking mechanism or longitudinal data. As such, one immediate recommendation from the taskforce in their final report was to:

"Track our current state of minority and underrepresented leaders within the four constituent groups in academic family medicine. It is critical that CAFM begin to measure at baseline and then track over time the emergence of women and minority faculty leaders into the 4 constituent roles (Chairs, PDs, Clerkship Directors and Research Directors)."[1]

Following this recommendation, in the spring of 2018 the CAFM organizations began to discuss strategies to achieve this goal. CAFM members realized that we were already gathering some demographic information about our members as part of our membership renewal and meeting registration processes. Together, the 4 organizations agreed that using the membership data would give timelier, trackable, and more complete data than a survey or other mechanism. We unanimously agreed to use membership data to:

1. Better understand the current diversity of key groups of leaders within academic family medicine
2. Set appropriate future diversity goals
3. Track progress towards increasing diversity
4. Determine the impact of diversity-focused interventions

We collectively agreed to publish aggregate data about each of the leadership groups in academic family medicine and to track these data over time with an annual "snapshot" to determine the impact of our efforts. The group believed that following the lead of other specialties such as OB/Gyn in tracking and publishing data would further hold our discipline accountable in achieving our goals.[2]

Baseline Demographic Data

Given the variation in membership cycles of each of the CAFM organizations, our process began with defining which variables to collect, how frequently membership profiles should be updated, and at what intervals our progress should be reported. We present our fall of 2020 baseline information in this

manuscript. Academic family medicine leaders are described in terms of gender, race/ethnicity, age, and family college history as one measure of "distance traveled" (Table 1).

Appeal to Members

Our organizations have noted the percentage of members who have either chosen not to disclose or have completed their demographic profiles in our database.

Table 1. Summary Demographics for Leaders in Academic Family Medicine Across the 4 CAFM Organizations, as of Fall 2020 (9/30/20 for ADFM, NAPCRG, STFM; 10/2/2020 for AFMRD)

	Dept Chairs (n = 161) ADFM No. (%)	Program Directors (n = 593) AFMRD No. (%)	Associate Program Directors (n = 304) AFMRD No. (%)	Medical Student Education Directors (n = 193) STFM No. (%)	Research Leaders[a] (n = 307) NAPCRG No. (%)
Education/training/degrees					
MD/DO or equivalent	152 (94)	576 (97)	282 (93)	181 (94)	140 (46)
PhD	0 (0)	0 (0)	0 (0)	2 (1)	91 (30)
MD/DO and PhD	6 (4)	4 (1)	3 (1)	1 (0.5)	38 (12)
Other degree	1 (1)	0 (0)	0 (0)	4 (2)	18 (6)
No response	2 (1)	13 (2)	19 (6)	5 (3)	20 (7)
Gender					
Female	48 (30)	246 (42)	175 (56)	118 (61)	142 (46)
Male	108 (67)	325 (55)	114 (38)	74 (38)	162 (53)
Other	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
Choose not to disclose	0 (0)	3 (0.5)	3 (1)	0 (0)	3 (1)
No response	5 (3)	19 (3)	12 (4)	1 (0.5)	0 (0)
Age					
≤30	0 (0)	0 (0)	0 (0)	1 (0.5)	0 (0)
31-40	3 (2)	72 (12)	124 (41)	59 (31)	13 (4)
41-50	30 (19)	222 (37)	82 (27)	56 (29)	50 (16)
51-60	59 (37)	151 (25)	37 (12)	49 (25)	98 (32)
61-70	58 (37)	88 (15)	24 (8)	21 (11)	104 (34)
>70	5 (3)	7 (1)	0 (0)	2 (1)	28 (9)
No response or nonsensical response	6 (4)	53 (9)	37 (12)	5 (3)	14 (5)
Ethnicity					
Not Hispanic or Latino	119 (74)	470 (79)	247 (81)	158 (82)	235 (77)
Hispanic or Latino	5 (3)	30 (5)	17 (6)	10 (5)	7 (2)
Choose not to disclose	n/a	49 (8)	19 (6)	n/a	n/a
No response	37 (23)	44 (7)	21 (7)	25 (13)	65 (21)
Race					
American Indian or Alaska Native	1 (1)	4 (1)	2 (1)	1 (0.5)	1 (<1)
Asian	9 (9)	40 (7)	34 (11)	23 (12)	19 (6)
Black or African American	20 (13)	30 (5)	9 (3)	12 (6)	6 (2)
Native Hawaiian/other Pacific Islander	0 (0)	3 (0.5)	0 (0)	1 (0.5)	0 (0)
White	116 (72)	422 (71)	221 (73)	146 (76)	244 (79)
Choose not to disclose	8 (5)	50 (8)	17 (6)	9 (5)	25 (8)
No response	7 (4)	44 (7)	21 (7)	1 (0.5)	12 (4)
Family college history					
One or both of my parents (or whoever raised me) graduated from college	78 (49)	385 (65)	188 (62)	111 (58)	116 (38)
Neither of my parents (or whoever raised me) graduated from college	33 (21)	132 (22)	75 (25)	44 (23)	52 (17)
Choose not to disclose	10 (6)	32 (5)	20 (7)	10 (5)	31 (10)
No response	40 (25)	44 (7)	21 (7)	28 (15)	108 (35)

ADFM = Association of Departments of Family Medicine; AFMRD = Association of Family Medicine Residency Directors; CAFM = Council of Academic Family Medicine; DO = doctor of osteopathy; MD = doctor of medicine; NAPCRG = North American Primary Care Research Group; PhD = doctor of philosophy; STFM = Society of Teachers of Family Medicine.

[a] NAPCRG does not have a field to designate research director role. For this count, research leaders were defined as those who were in the United States; indicated they were an "experienced" researcher; were a principal investigator (PI); and were not a fellow, grad student, resident, student, or patient/community member.

We respect the wishes of members who intentionally chose not to share this information as well as encourage others who are willing to disclose their race/ethnicity to help inform the success of our efforts to update their member profiles. See below for instructions on how to make these updates:

STFM, NAPCRG, & ADFM Members
Log into stfm.org, napcrg.org, or adfm.org. Click on My Account and update your profile.

AFMRD Members
Log into your afmrd.org account. Click on the My Options drop down menu in the top right corner under your name. Select My Profile and update your profile.

Organizational Efforts to Increase Diversity

The CAFM Leadership Taskforce generated a number of tools, including pathways into academic family medicine across 4 domains: clinician, educator, researcher, and GME; roles internal and external to an institution in these domains; leadership development opportunities for each; and the roles of mentors in a multidimensional mentoring team.[3] These tools are available at https://www.aafp.org/family-physician/patient-care/the-everyone-project/cafm-tool.html.

Using their recommendations as well as these tools as a starting point, each of the CAFM organizations has continued the conversations about leader development and diversity of representation within our own organizations. We hope that these benchmark data will provide a baseline against which to compare future changes resulting from these intentional efforts on the part of each organization toward more inclusive representation and leadership development efforts.

To this end, reported here are the current efforts of each of the 4 CAFM organizations toward increasing diversity and inclusion of those underrepresented in medicine and medical leadership.

ADFM

In February 2020, ADFM solidified its commitment to diversity, inclusion, and health equity (DIHE) by formalizing a new strategic committee to ensure integration of DIHE into the other strategic directions and efforts of ADFM, including leader development, health care delivery transformation, research development, and education transformation. The organization already had a strategic priority to increase the number of women, racial and ethnic minorities, and individuals from other groups underrepresented in medicine serving as FM department chairs and department leaders, with an emphasis on our Leadership Education for Academic Success (LEADS) fellowship, currently undergoing expansion.[4] Additionally, following the murder of George Floyd in spring 2020 and the organization's enhanced awareness of the blight of racism in medicine, ADFM created a plan incorporating anti-racism in its actions and strategy for the organization, within the following areas, with some examples for each:

Internal Work for the Organization
- Tracking diversity of ADFM membership (reported here) and Board of Directors; implicit bias training
- Integrating DIHE into each strategic area and examining our written policies for bias

Considering Our Economic Investments as an Organization
- Where to use economic investments, including where to hold conferences
- Making sure our investment portfolio is socially responsible

Gathering and Sharing Data
- On diversity and inclusion in departments and institutions, including DIHE leader positions
- On patient processes and outcomes
- On family medicine research and researchers and research methods
- On AAMC/ACGME benchmarks for faculty and residents

Gathering and Sharing Best (or Promising) Practices
- Recruitment and retention of faculty, staff, leaders, and learners from diverse backgrounds
- Creating inclusive environments, including training for inclusion and implicit bias
- Anti-racism and racial justice curricula for residents and students
- Policies and processes for promotion & tenure, community-based research, building anchor institutions networks

Creating Space for Critical Conversations
- ADFM annual conference sessions on URM, DIHE, anti-racism, racial justice
- Statements/op-eds, hot topic discussions, webinars on institutional racism, health equity, DIHE
- Weaving DIHE through LEADS fellowship curriculum and other ADFM curricula or resources

Developing Active and Activated Partnerships
- AAMC equity and justice, sister FM organizations on racism and diversity
- Broader advocacy, eg, LCME requirements, Health Equity Index, rankings with diversity metrics

These action areas are part of a "living document" to be updated periodically. Most fit within our current strategic plan or operations and require only new thinking, framing, or a refocus to be integrated into our organizational efforts.

AFMRD

AFMRD has made it a strategic priority to examine diversity, equity, and inclusion, which includes evaluating current policies and procedures to identify ways to increase diversity of staff and leadership, partnering with stakeholders to identify and implement professional development for URM, and providing residency program directors with resources to address equity and inclusion and to ensure a diverse workforce within their programs.

- AFMRD added an appointed, non-voting, Association Program Director position to the Board of Directors in 2020 with the goal of increasing diversity.
- The AFMRD call for Board of Director nominations has been written to encourage diverse representation. The Nominations Committee will take the demographics of the current Board into consideration while preparing the call and the slate of candidates.
- In 2020, AFMRD moved from Board members chairing all committees and task forces, to soliciting member-at-large volunteers to serve as chair of the PD Toolbox Committee, the Membership Committee, and the Diversity and Health Equity Committee.
- Diversity of representation is taken into consideration and prioritized when selecting liaisons, committee chairs, and other leadership positions.
- In December 2020, AFMRD kicked off a formal communication campaign to members providing guidance and encouraging utilization of the CAFM Leadership Development Toolkit to foster the professional development of URM in residency programs.
- The AFMRD Diversity and Health Equity Task Force modified (with permission) the FMAHealth Workforce Diversity Toolkit to in resources specifically useful to residency program directors.
- The AFMRD Diversity and Health Equity Task Force is developing a DEI score card for residency programs that will be rolled out at the 2021 AAFP Residency Leadership Summit (formerly PDW and RPS Residency Education Symposium).
- The AFMRD approved the funding of 2 AAFP Health Equity Fellows in 2021. The funding recipients are Associate Program Directors.
- The AFMRD Diversity and Health Equity Task Force provided holistic screening and selection guidance to program directors during an AAFP-sponsored virtual interviewing webinar in the fall of 2020.

NAPCRG

At its recent Board of Directors meeting, the board considered how it might expand thinking and actions with regard to diversity. While the recent pandemic has cast a spotlight on health equity issues, and particulary with US protests earlier this summer, the Board acknowledged that racism crosses borders and cultures.

The NAPCRG current diversity statement reads:

"The North American Primary Care Research Group seeks to promote the participation of a diverse membership in its leadership, meetings and programs, research, employment and in all of its other endeavors. We strive to include all regardless of sex, gender, sexual orientation, age, race, religion, disability, ancestry or national origin." (Adopted February 14, 2014)

Taking stock, the Board examined how to advance its own learning and recruitment efforts to expand diversity on the board and on committees.

1. Individual Commitment

a) Be proactive: To supplement the annual Call for Nominations, the NAPCRG Board agreed that it would strive to be more intentional about recruitment to identify prospective nominees for board and committee positions outside of traditional channels including mentorship. The Call for Nominations will close on March 1, 2021.

b) Commit to continuing education: The Board agreed to strengthen its own awareness muscle and to educate itself about implicit bias by committing to continuing education by reading and discussing shared articles or books like *Black Man in a White Coat*.

2. Governance Committee Commitment

The Board continues to enhance its understanding of governance and its evolution. The Governance Committee will also focus on under-represented minorities in research and how NAPCRG can play a central role in this area through traditional means like funding scholarships to pushing boundaries by publishing public statements or collaborating with historically black institutions in the United States.

3. Organizational Commitment

a) Be intentional in reaching out to under-represented minorities: The Governance Committee and Board agreed to host a virtual session to supplement the annual Call for Nominations to educate members about opportunities for service and to answer questions about the nomination process. The Board recognized that a multifaceted, proactive approach to recruitment was important to supplement the traditional process, which relies on publishing an announcement and reacting to submissions. In addition, Board

members were tasked with helping to help recruit individuals by reaching out to colleagues and inviting them to apply for positions regardless of previous service. Through intentional efforts, we hope to develop an ongoing pipeline of prospective leaders.
b) Build on existing efforts where available: The Board acknowledged the work of other family medicine organizations as resources for education and training.

STFM

One of STFM's core values is diversity and being intentional about diversity in the broadest sense is woven into the fabric of STFM in the following ways.
• The voices present and missing from leadership roles are prioritized and considered first when selecting the board, committees, and task force members.
• Conference planning committees are intentional about ensuring diversity is represented as plenary speakers and on the main stage. Numerous conference sessions cover content focused on diverse populations.
• The STFM URM Initiative is a 3-year effort to develop more URM learners and family medicine faculty. Areas of focus include leadership, scholarship mentorship, and faculty pipeline. The STFM Foundation raises funds for these efforts and recently received grant support from the ABFM Foundation.
• STFM board has updated its strategic plan to include antiracism with new objectives and tactics. A new Antiracism Task Force has been created to implement a number of strategies approved in the plan.
• To increase racial/ethnic diversity in STFM staffing, the CEO and legal staff reviewed and updated its staff policy manual and hiring policies, increased its position announcements to colleges and places where diverse applicants might see job postings, began training staff to screen applicants in more inclusive ways, and increased its network of Black and Brown colleagues to help identify candidates for open staff roles.

More information about the leadership opportunities available across the "family" of family medicine can be found on the STFM website, here: https://stfm.org/facultydevelopment/leadership.

We recognize this is just the beginning of the work we must do to change the leadership landscape in family medicine and look forward to reporting on the progress we have collectively made in this space in the future.

References

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From the American Board of Family Medicine

THE FUTURE OF FAMILY MEDICINE RESIDENCY EDUCATION: THE SPECIALTY HAS SPOKEN

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We are now at the end of the beginning of re-envisioning the future of residency education in Family Medicine. On December 6-7, 2020, after almost a year of preparation, representatives of the specialty came together at the fourth Starfield Summit to review the past and present, and to envision the future of Family Medicine residencies. Our goal was to provide input from the discipline to the development of the next version of ACGME Program Requirements for Graduate Medical Education in Family Medicine, expected to be implemented in 2022. We write to summarize the results of this process to date and describe next steps.

We thank the specialty and the participants for their extraordinary effort and creative ideas. All of the clinical and academic organizations in Family Medicine—in alphabetical order, the American Academy of Family Physicians, the American Board of Family Medicine, the American College of Osteopathic Medicine, the Association of Departments of Family Medicine, the Association of Family Medicine Residency Directors, the North American Primary Care Research Group and the Society of Teachers of Family Medicine—have been involved in significant ways. Each organization nominated a person to plan the process. The planning group implemented a nomination process for participants in the Summit and finalized a set of core questions[1] (Table 1) to frame input from focus groups, surveys, papers, and the meeting.

NAPCRG designated the conference as a Starfield Summit, underscoring the connection to the evidence that underpins what we do. AAFP, ACOFP, ADFM,