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Ann Fam Med 2023;21:194-195. <https://doi.org/10.1370/afm.2976>

FAMILY MEDICINE ADVANCES TRANSITION TO COMPETENCY-BASED EDUCATION

By July 2023, family medicine residency programs will need to make major changes to their programs to meet new ACGME requirements. The 2023 requirements reflect the first major update for family medicine residencies in about 10 years.¹ The new requirements include several components that necessitate changes in how education is delivered and assessed, with an emphasis on ensuring that residents demonstrate competence.²

In August 2022, the American Board of Family Medicine Foundation awarded the Society of Teachers of Family Medicine (STFM) a 17-month grant to support the development phase of a multi-year project to equip residency programs to deliver competency-based medical education (CBME) and assessment. This work is being chaired by Linda Montgomery, MD, Vice Chair of Education at the University of Colorado Department of Family Medicine.

To set the groundwork for the project, 41 individuals met at a Summit in January 2023 to discuss the future of CBME in family medicine. Participants included family medicine leaders, faculty, coordinators, and residents, plus representatives from pediatrics, surgery, and Canadian family medicine. Topics of discussion included:

- Needs of family medicine residency programs
- The difference between CBME and traditional medical education
- Competency frameworks and outcomes
- Assessment methods
- Assessment technologies
- Individualized learning plans
- Expectations for standardization of CBME across programs
- Next steps for a task force

Broad takeaways from the Summit:

- This change/reform in education is in service to what family medicine needs.

- Don't assume CBME is time variable.
- A transition will require extensive faculty development.
- It's important to ensure we're not creating one more thing for programs to do/measure. This is "the thing," not "an additional thing."
- With CBME, we don't necessarily need to assess competence in everything a family physician might do. We can test some and assume others.
- This transition will take time; we need to make incremental changes.

Summit participants also discussed strategies for ensuring that CBME is equitable, accurate, and not too burdensome for faculty, coordinators, and residents.

STFM has now formed a task force, which will meet through January 2024 to:

- Identify and aggregate available training and resources
- Develop new assessments and assessment approaches
- Aggregate and develop templates and strategies for individualized learning plans
- Identify strategies for including residents in the assessment process
- Create a plan for faculty development
- Create a plan for piloting new assessments and assessment approaches

Task force members include:

- R. Aaron Lambert, MD, Program Director, Cabarrus Family Medicine Residency Program
- Pamela MacMillan, GME Coordinator, University of Wyoming
- Stephenie Matosich, DO, Associate Program Director, Family Medicine Residency Spokane
- Linda Montgomery, MD, Vice Chair of Education, University of Colorado Department of Family Medicine
- W. Fred Miser, MD, MA, Professor Emeritus, The Ohio State University Wexner Medical Center
- Randolph Pearson, MD, Assistant Dean for GME, MSU Family Medicine Residency
- Michelle Roett, MD, MPH, Professor and Chair, Department of Family Medicine, Georgetown University Medical Center
- Mary Theobald, MBA, Chief of Strategy and Innovation, Society of Teachers of Family Medicine
- Priyanka Tulshian, MD, MPH, Residency Faculty, Contra Costa Family Medicine Residency
- Olivia Rae Wright, MD, Program Director - PeaceHealth Southwest Family Medicine/Addiction Medicine Fellowship
- Velyn Wu, MD, MACM, Core Faculty, University of Florida Family Medicine Residency Program
- Bright Zhou, MD, MS, Resident, Stanford O'Connor Family Medicine Residency

Future phases of CBME work will focus on faculty development, plus implementation, piloting, and dissemination of

CBME resources and assessment tools developed and aggregated by the task force.

Mary Theobald, MBA

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From the Association
of Departments of
Family Medicine

Ann Fam Med 2023;21:195-197. <https://doi.org/10.1370/afm.2973>

CLIMATE CHANGE AS A THREAT TO HEALTH: FAMILY MEDICINE CALL TO ACTION AND RESPONSE

Problem

Climate change presents existential threats to human health and the sustainability of life on earth.¹⁻² Increased global temperatures have resulted in more frequent and extreme weather events, widespread fires, and catastrophic flooding, which in turn affect food production, air quality, access to clean drinking water, safe shelter, vector-borne diseases, and essential infrastructure; thus threatening the health of people, animals, and ecosystems (Figure 1).²

The United States (US) Centers for Disease Control and Prevention (CDC) have identified a multitude of health effects resulting from climate disruptions including increased respiratory and cardiovascular diseases; injuries and premature deaths related to extreme weather events; changes in the prevalence and geographical distribution of food- and water-borne illnesses and other infectious diseases; and threats to mental health.³⁻⁴ Moreover, climate change disproportionately affects vulnerable populations who have minimally contributed to causing these climate problems including people living on low incomes, some communities of color, immigrants including those with limited English proficiency, Indigenous peoples, pregnant people and children, older adults, at-risk occupational groups, persons with disabilities, and persons with preexisting or chronic medical conditions.^{2,5} In fact, countries ranked as highly vulnerable to climate change have a 10-times higher mortality rate from hazardous climate events compared to those less vulnerable.⁶ The number of climate refugees will continue to increase due to diminished access to food and essential resources. Social unrest triggered by climate changes provokes conflicts and threatens community, national, and international security.⁷

The US National Institutes of Health (NIH) has recently launched a Climate Change and Health Strategic Framework to foster research to address urgent threats of climate change organized around 4 core elements: health effects research; intervention science; health equity and training; and capacity building.⁸

Relevance to Family Medicine, Patients, and Communities

Family physicians are well positioned to leverage trusting relationships with individuals, families, and communities, and to provide education and resources to promote health and prevent diseases precipitated or exacerbated by climate change. While two-thirds of physicians surveyed believe climate change is relevant to primary care, less than one-third believed they should take active roles in discussing climate change with patients.⁹ Family physicians can seek best evidence to inform patients about the health impacts of climate change. They can leverage their knowledge and power in partnerships with other leaders, businesses, governmental and public agencies, and community organizations to co-create policies, solutions, and resources to mitigate catastrophic individual and planetary health outcomes.⁹⁻¹⁰

Response

Physicians are ethically bound to address the issues that affect the health of our patients and communities.¹¹ Many efforts are already underway within family medicine to address the health effects of climate change.

The American Academy of Family Physicians (AAFP) joined with medical organizations and associations to form the Medical Society Consortium on Climate and Health (MSCCH) in 2017. The MSCCH created a platform representing organizations with over 600,000 physicians to collectively advocate for climate solutions. The AAFP joined over 100 organizations and individuals to call on government and business stakeholders to recognize climate change as a health emergency and to create a Climate, Health and Equity Policy Action Agenda in 2019.¹² The AAFP provides a climate change module within their *Health Equity Curricular Toolkit*, which includes tools to counsel patients and materials to use during advocacy efforts with legislators.¹³⁻¹⁷

NAPCRG, an international primary care research organization, has supported dissemination of research on how climate change impacts health and potential solutions. Their 2022 annual meeting featured a plenary on Climate Change, multiple poster presentations, and the Climate Change interest group providing networking opportunities for researchers.¹⁸

The Association of Departments of Family Medicine (ADFM) featured climate change as the theme of their 2022 annual meeting. Dr Jonathan Patz emphasized that academic leaders are ideally positioned to train the next generation of physicians to address this problem through education and advocacy.¹⁹ The ADFM's Advocacy Committee provides resources for academic departments of family medicine to create and share best practices.²⁰