

compared the milestone progression for international and US medical graduates. They will be reporting their findings in the coming year.

- **Communities of practice:** These are learning networks, with a focused, well-defined purpose. Built on a foundation of trusted relationships, members learn and develop practice based on existing knowledge in order to generate/discover new knowledge. SOAR has been working to create platforms and environments which will enable such communities to develop the trust, mutual respect, reciprocity, and commitment to surface innovative residency structure and experiment together.⁶

In family medicine, our core purpose is to heal patients and communities. In order to meet that call, our vision is for SOAR to become a hub which helps program directors help each other to standardize our training efforts AND to innovate in meaningful ways. Working together, we can SOAR to accomplish what is most needed—to train physicians who are equipped and empowered to make the Quintuple Aim a reality for every person.

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Ann Fam Med 2024;22:573-574. <https://doi.org/10.1370/afm.240498>

PBRNS ARE BACK, BABY!

On June 16, 2024, Starfield Summit VI was convened by DARTNet Institute with support from NAPCRG and sponsorship from the American Diabetes Association, the American Board of Family Medicine, and the American Academy of Family Physicians, to bring together 50 practice-based research network (PBRN) leaders and government officials to imagine how PBRNs can generate relevant new knowledge to advance health in the current moment of challenge and opportunity.

New Opportunities

Using an appreciative inquiry approach, participants celebrated the substantial contributions of PBRNs to moving research from the ivory tower to the settings where most people get most of their care most of the time. The conference identified ripe new opportunities that have the potential to rejuvenate PBRNs as a source of new knowledge that is relevant to patients and the primary care practices that serve them. These opportunities include the following:

- The NIH Director is investing \$30 million to advance the ability of rural Americans to participate in NIH research, and sees PBRNs as the way to make this happen.¹
- The American Diabetes Association recently hired long-time PBRN leader Kevin Peterson as their VP for Primary Care and is investing in PBRN research, supporting DARTNet Institute to engage PBRNs.²
- AHRQ, which always has tried to do a lot with a little to support PBRNs, has been on a listening tour and is developing learning modules to support PBRNs.³
- National Institute of General Medical Sciences is supporting the Clinical & Translational Research Networks and is requiring these networks to have a PBRN.^{4,5}
- PCORI's requirement of real stakeholder engagement and Community Engaged Research framework and their substantial funding provide opportunities for PBRNs that are increasingly recognized.⁶

Top-Down AND Bottom-Up

This moment of opportunity comes on the heels of substantial challenges in practice autonomy, administrative burden, infrastructure support, and workforce. These challenges have made PBRNs an increasingly top-down enterprise, with decision making held in the hands of funders and academic partners. This imbalance of top-down leadership and power has strangled the most vital aspects of PBRNs⁷—the wisdom of those on the frontlines of caring for people in primary care, and their commitment to advocate for them.⁸ The Starfield

VI Summit recognized that successful PBRNs have both top-down and bottom-up leadership.⁹ For this current moment of opportunity to be successful, PBRNs need to increase support for clinicians and practices to lead the generation of knowledge that is relevant to the needs of the patients and communities they serve.

Reinforcing the Foundation

We have an opportunity to think beyond cultivating individual pathways for research career development. We can and must optimize infrastructure that can be tapped into or built to meet the needs of primary care research, engage the potential of the breadth of primary care practices across the United States, and bolster PBRNs with educated and engaged membership. This moment calls for initiatives to address local capacity needs with regional or discipline-wide solutions, PBRN training for practice teams, and raising awareness about how to participate in PBRN research.

Leadership From Primary Care Organizations

If this moment of opportunity is to yield the hoped-for gains in new knowledge to support improved health care, equity, health, and primary care's vital contribution, then primary care organizations, particularly those in family medicine, must take on the mantle of leadership to bring their experience with PBRN "living laboratories" to inform new investment in PBRNs.¹⁰ To realize the potential of PBRNs, many networks will need to step up their data and research infrastructure. It is critical that primary care practice-based research networks be more than recruitment sites for centrally controlled clinical trials. They are sources of the wisdom of what matters most for caring for whole people in the context of their families and communities. That wisdom must be supported if PBRNs are to be successful.

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Ann Fam Med 2024;22:574-576. <https://doi.org/10.1370/afm.240541>

NEW AAFP PRESIDENT CHARTS ACADEMY'S COURSE AT FMX

Jen Brull, MD, FAAFP, of Fort Collins, Colorado, was installed as AAFP president September 25, 2024 during the Congress of Delegates in Phoenix. A few hours later, she addressed thousands of her peers in a mainstage event at the Family Medicine Experience. Brull offered an early look at the Academy's FY26-FY28 strategic plan, focusing on efforts related to advocacy, physician well-being, payment, and workforce development.

Brull's inaugural address is transcribed below, and you can watch a video that preceded the speech at <https://aafp.widen.net/view/video/ptfvhi47fj/FMX-2024-Dr.mp4?u=ozy2ed>:

Hello, family medicine! What an amazing day to be a family physician!

I am so joyful to be here today with my family. There is a pretty amazing group of people who love and support me sitting right up front, and I know this whole room is full of family—family physicians who share my heart and my passion for finding a path to better health for everyone. We are all in this together: we're taking chances, lifting each other up, and connecting for a better future.

Each of us has a personal map. It traces our journey, marks key destinations, and provides direction to the next place we are headed. You all just learned about my map—and my "pins"—the places and events that brought me to this moment. I am so excited to have arrived at this place and time—this day, and becoming the AAFP president, will always be one of those memorable "pins" on the map of my life.