

# Family Medicine Updates



*Ann Fam Med* 2025;23:274-275. <https://doi.org/10.1370/afm.250233>

## NATIONAL INSTITUTE FOR PROGRAM DIRECTOR DEVELOPMENT: PROVIDING FOUNDATIONS AND CONNECTIONS FOR 30 YEARS

The first graduation of the fellows of the Association of Family Medicine Residency Directors' (AFMRD) National Institute for Program Director Development (NIPDD) occurred in June of 1995. Thirty years and 1,356 graduates later, NIPDD is still going strong and is often identified as a key factor in family medicine residency director preparation and retention. While NIPDD has grown from 40 fellows to 70 fellows per class, and the curriculum has evolved along with the dynamic graduate medical education environment, the underlying principles and goals have remained constant. Some other medical specialties have subsequently developed NIPDD-like initiatives, but the specialty of family medicine remains unique in its community-based orientation. Family medicine program directors are the most likely to find themselves in a single residency setting, where they are faced with managing their residencies without positional peers.<sup>1</sup> The connections, concepts, and details taught by NIPDD may have particular value for those in this community-based environment.

Over the past 30 years, the impact of NIPDD has been studied and analyzed. Early studies showed high levels of learner satisfaction and large majorities of program director graduates linked it to lower stress levels.<sup>1</sup> Other studies have reported higher resident board certification pass rates for graduates of programs with a director who completed NIPDD.<sup>2</sup> Interestingly, research results have varied regarding the link between NIPDD and increased program director tenure.<sup>1-3</sup> However, one recent study did find that program directors with tenures longer than 3 years were significantly more likely to have completed NIPDD, and only left their positions because the program was stable and it was the "right time."<sup>4</sup> Both in formal studies and informal course evaluations, NIPDD graduates have consistently identified "the opportunity for networking with other program directors and the training in residency finance" as some of the most valuable components of the experience.<sup>1</sup>

As originally envisioned, NIPDD course design, curriculum development, teaching, and advising is delegated to the NIPDD Academic Council.<sup>1</sup> As the number of fellows has increased, so has the size of the Academic Council.

Make-up of the Academic Council has fluctuated over the past 30 years, but current Academic Council members must be NIPDD graduates and have current or recent experience as a family medicine program director. Additionally, many Academic Council members have held other organizational leadership positions, as well as regional and national educational roles. Although founded with direct input from many academic family medicine organizations, NIPDD is now a program of the AFMRD and is fully funded and self-sustaining through fellow tuition fees. The Chair of the NIPDD Academic Council reports directly to the AFMRD Board of Directors.

While the curriculum has evolved since the launch of NIPDD in 1994, the foundation upon which it was built remains. The curriculum consists of 3 sessions: 2 intense 3-day sessions and 1 session combined with the Residency Leadership Summit. The sessions consist of short didactic lectures with increasing opportunities to work in small groups for discussion, mentorship, and professional networking. Small groups also have exercises to reinforce the key topics. The fellowship also includes longitudinal projects in residency finance, program improvement, and program value that are experiential and useful in each fellow's program. Over the last several years, programs and program directors have had to respond to major changes in the ACGME and the ABFM. Although NIPDD has responded to these changes, the core domains that the Academic Council teach remain much the same as when NIPDD was founded. There are 5 core domains: accreditation oversight, managing people, fiscal responsibility and management, vision and stewardship, and professional fidelity. To be effective and build stable and thriving programs, program directors must understand and respond to accreditation changes and handle complex interpersonal interactions. The hidden curriculum of NIPDD is the networking and peer mentorship that builds trusting relationships and future guidance when needed.

The past 30 years have witnessed many changes in the graduate medical education environment, but many of the underlying challenges of running a family medicine residency remain remarkably similar. New program directors still need NIPDD to solidify key knowledge details and build a professional network of peers. While NIPDD content and teaching modalities have adapted and evolved, the core concepts are foundational and constant. The demand for NIPDD continues to rise as many new programs receive accreditation. To meet the increasing need, in addition to maintaining the high quality of NIPDD, the AFMRD is preparing to launch a new leadership development program geared toward other leaders in the family medicine graduate medical education environment.

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*Ann Fam Med* 2025;23:275-276. <https://doi.org/10.1370/afm.250230>

## MATCH DAY 2025: FAMILY MEDICINE SETS ANOTHER MILESTONE

Family medicine residencies offered a record number of positions in the 2025 National Resident Matching Program (NRMP) for the 16th year in a row, and the specialty is poised to enter the 2025-26 academic year with the largest intern class in its history.

More than 800 family medicine programs participating in the NRMP Main Residency Match filled 4,574 positions, according to results released March 21, 2025. That's 21 fewer than a year ago. However, when the results of the Supplemental Offer and Acceptance Program (SOAP) are reported, this new class of family medicine residents will likely eclipse last year's record-setting total of 5,189.

"I'm confident we'll have virtually all unfilled positions filled by the time the new residency class starts on July 1," said AAFP Vice President of Student and Resident Initiatives Karen Mitchell, MD, FAAFP, a former program director and past president of the Association of Family Medicine Residency Directors.

Family medicine had 805 unfilled positions, up 169 from 2024. The SOAP process concluded March 21, but official numbers will not be available for months. For perspective, there were 636 family medicine positions unfilled in last year's main residency Match, and 594 of those filled through the SOAP.

### Family Medicine Match by the Numbers

Family medicine categorical and combined programs offered a record 5,379 positions, up 148 compared with a year ago. A record 817 family medicine programs offered positions this year, with a fill rate of 85%. Family medicine accounted for

86% of the primary care positions offered and 84% of primary care positions filled. The United States is projected to need up to 48,000 more primary care physicians by 2034.

"I'm excited to see that the main Match numbers are relatively steady," Mitchell said, "and we're showing overall growth in family medicine. That's important. The number of positions offered is going in the right direction to meet our country's primary care needs."

Of the students and graduates who filled family medicine slots in the main Match reported by the NRMP:

- US seniors from allopathic medical schools accounted for 1,519 positions, down from 1,535 in 2024
- Seniors from osteopathic medical schools accounted for 1,486 positions, down from 1,493
- International medical students and graduates (including 626 US citizens) accounted for 1,427 positions, down from 1,455
- Previous graduates of US allopathic schools and osteopathic schools accounted for a total of 142 positions, up from 112

A more in-depth look at the 2025 numbers is available in the AAFP's Match results analysis at <https://www.aafp.org/students-residents/residency-program-directors/national-resident-matching-program-results.html>.

### AAFP Advocacy

The Academy's advocacy has helped increase the number of family medicine positions offered by more than 100 in 4 of the past 5 years.

The AAFP's Board of Directors continued this effort on Capitol Hill on Feb. 26, meeting with more than 40 congressional and Senate offices on workforce and other issues vital to family medicine. In March, Board Chair Steven Furr, MD, FAAFP; President Jen Brull, MD, FAAFP; and President-elect Sarah Nosal, MD, FAAFP, were back in Washington, DC, to talk with members of Congress and congressional staff about topics including permanently authorizing—and funding—the Teaching Health Center Graduate Medical Education program, which is vital to building the primary care workforce.

### Family Medicine Champions Program

To help drive higher fill rates for family medicine in the main Match—an outcome that family medicine program directors, the Academy, and other stakeholders are working toward—Mitchell encouraged family physicians to participate in the Family Medicine Champions program. The AAFP launched this free, self-paced certificate program 2 years ago to support those who influence students to choose family medicine.

The program trains participants to be ambassadors for family medicine and to educate aspiring health care workers about the opportunities available in the specialty. Information, including a link to register by July 31 for the class that starts in August, is available at <https://www.aafp.org/fmchampions>.

"Students need to see the joy of family medicine through relationships with family physicians," Mitchell said. "One way to get involved is to be a Family Medicine Champion, reach