

out to students, at any stage of their career pathway, in your communities and learn skills to help put more students on a path to join our specialty."

The AAFP recently launched a campaign, with a hub at <https://info.aafp.org/aafp-student-recruitment>, to show 1st- and 2nd-year medical students how they can transform communities and create meaningful, long-term doctor-patient relationships in family medicine. The Academy also supports a nationwide network of family medicine interest groups and has created a partnership to expose students to the specialty as early as high school.

The AAFP, in collaboration with the Association of Departments of Family Medicine and the Society of Teachers of Family Medicine, also offers a best practices guide at https://www.aafp.org/dam/AAFP/documents/medical_education_residency/general/Best%20Practice%20Guide%20Strategic%20Planning%20to%20Increase%20Student%20Choice%20of%20Family%20Medicine.pdf for medical schools with evidence-based strategies to increase their rate of graduating family physicians.

What's Next

Free Match Guidebook

Students can get a free, step-by-step guide to the process in [Strolling Through the Match](#). The resource, which already has been updated for the 2025-26 Match cycle, offers tips for every stage of the Match, from choosing a specialty to applying, interviewing and ranking residency programs.

FUTURE 2025

The AAFP's FUTURE 2025 (formerly the National Conference of Family Medicine Residents and Medical Students) is July 31-Aug, 2025 in Kansas City, Missouri. This event offers live workshops, procedural courses, leadership opportunities, student and resident congresses, and an expo hall showcasing hundreds of residency programs.

"We're excited about the opportunities FUTURE gives students to explore family medicine and find their people," Mitchell said.

— David Mitchell, AAFP News



Ann Fam Med 2025;23:276-277. <https://doi.org/10.1370/afm.250235>

STFM LAUNCHES PROFESSIONALISM IN FAMILY MEDICINE EDUCATION INITIATIVE

The Society of Teachers of Family Medicine (STFM) has launched a 2-year initiative to support family medicine faculty as they teach and model professionalism.

The initiative is being led by STFM President Joseph Gravel, MD, chair of Family and Community Medicine at the Medical College of Wisconsin. It is supported by a grant from the American Board of Family Medicine (ABFM) Foundation.

"Professionalism is a term that has taken on negative connotations," Dr Gravel explains. "... this initiative is intended to update the concept of professionalism training with new expectations and tools..."¹

STFM's professionalism initiative aligns with current ABFM projects to update guidelines on professional and personal conduct.

It addresses the following objectives and tactics in STFM's 2025-2029 strategic plan:

1.1 Provide family medicine faculty with the skills needed to train students, residents, and health care teams to achieve better health, quality care, value, and improved work life of clinicians and staff.

1.1.1 Provide residency programs and faculty with resources and training to implement competency-based medical education and assessment.

1.1.4 Develop curriculum for teaching and assessing professionalism that is challenged by changes in technology, market forces, and health care delivery systems.

The new STFM Professionalism in Medical Education Task Force will:

- Convene a Professionalism in Family Medicine Summit, co-sponsored by the American Medical Association, to create and/or endorse an updated definition of professionalism, engage family medicine organizations, and get consensus on next steps on teaching and assessing professionalism
- Develop and release professionalism curriculum for residents and third- and fourth-year medical students
- Identify or create competency-based tools to assess resident professionalism
- Deliver faculty development through conference presentations and virtual training sessions

Task force members include Joseph Gravel, MD, Medical College of Wisconsin; John Brady, MD, VCU-Riverside Family Medicine Residency; Daniel Casey, MD, JPS Family Medicine Residency; Amy Clithero, PhD, MBA, University of New Mexico School of Medicine; Roger Garvin, MD, Oregon Health & Science University; Lauren E. Gibson-Oliver, MD, MBA, University of Arkansas for Medical Sciences, (UAMS) Family Medicine Residency Program; Lynne Havsy, PhD, St Luke's Family Medicine Residency – Anderson; Timothy Hoff, PhD, Northeastern University; Natalie Long, MD, University of Missouri – Columbia; Adam Saperstein, MD, CAPT, MC, USN, Uniformed Services University of the Health Sciences; Takudzwa Shumba, MD, MPH, Stanford University School of Medicine; Mary Theobald, MBA, Society of Teachers of Family Medicine; Maria Montanez Villacampa, MD, University of Texas Health Science Center – San Antonio.

Mary Theobald, MBA

References

1. Gravel JW Jr. Teaching and assessing a new professionalism: the journey begins. *Fam Med*. 2025;57(4):319-320. doi:[10.22454/FamMed.2025.611807](https://doi.org/10.22454/FamMed.2025.611807)



Ann Fam Med 2025;23:277-280. <https://doi.org/10.1370/afm.250234>

BROADENING INCLUSION OF PRIMARY CARE: TRAINEE INSIGHTS AND COMMENTARY ON DIVERSITY, EQUITY, AND INCLUSION

Abstract

We, as the current and immediate-past NAPCRG Trainee Committee, share our perspectives as an international and diverse group of primary care research trainees. In this essay, we discuss the challenges and opportunities for achieving a more diverse, equitable, and inclusive primary care workforce by reflecting on 2 main challenges: (1) insufficient support for underrepresented identities in medicine, and (2) inadequate integration within existing primary care teams. Within each of these challenges, we pose potential opportunities for improvement using a trainee lens.

Introduction

It has been more than 45 years since the 1978 Declaration of Alma Ata underscored the importance of team-based primary care and several years since it was further highlighted in the 2018 Declaration of Astana.¹ Despite these declarations, primary care systems continue to struggle with the inclusive integration of interprofessional primary care team members from diverse backgrounds. Meanwhile, the need for diverse primary care team members is rapidly expanding as the interconnected nature of health grows and continues to strain the already stretched workforce globally. Health care systems worldwide are at a crucial moment for critical reflection on the goals of the Quintuple Aim, which includes health equity as an essential component for achieving improved patient care, provider satisfaction, health outcomes, and decreased costs.² Of vital importance is an equitable expansion of our global primary care workforce. To grow an effective and equitable primary care system on a global scale, we critically need to expand and diversify our primary care workforce, while valuing each team member as essential to the overall mission of primary care.

This essay underscores key challenges and opportunities for achieving a more diverse, equitable, and inclusive primary care workforce by critically reflecting on 2 main challenges: (1) insufficient support for underrepresented identities in medicine, and (2) inadequate integration within existing

primary care teams. Underrepresented identities in medicine include racial and ethnic backgrounds, geographic locations, and other marginalized groups (eg, individuals from low socioeconomic backgrounds, first-generation college graduates, and nontraditional students). We take a broad approach when discussing interprofessional teams and consider teams including medical assistants, nurses, researchers, advanced care practitioners, physicians, Indigenous healers, and more. Diversity is a complex topic that exists on a spectrum of representations. Within the complexity of diversity, we bring a unique position and perspective to this critical reflection as a committee of medical and graduate students, new clinicians, and/or trainee primary care researchers with international representation from Africa (Nigeria), North America (United States and Canada), and Oceania (Australia and New Zealand). As the future of this primary care workforce, this is our call to action for researchers, clinicians, funders, and policy makers alike to truly strengthen the future of primary care and research through an equity-driven lens.

Challenge #1: Insufficient Support and Anti-Diversity, Equity and Inclusion (DEI) Policies for Underrepresented and Marginalized Trainees and Professionals

Capacity development initiatives and intentional funding to support underrepresented and marginalized trainees and professionals is an integral component of ensuring a more diverse, equitable, and inclusive primary care workforce. DEI initiatives vary across international health systems, with some countries offering more support for marginalized and under-represented groups than others. For example, in New Zealand, Indigenous health perspectives and medicines are being recognized and integrated within policy,³ student recruitment, and research scholarships (Health Research Council of New Zealand).⁴

Alarming, in the United States, several new anti-DEI policies and laws have recently been passed and subsequently enacted in many states, specifically targeting university admissions for those of underrepresented communities.⁵ These anti-DEI policies aim to eliminate DEI offices at public universities and colleges, restrict diversity training, and curb identity-based preferences in hiring.⁶ This not only impacts the primary care workforce, but will also limit the quality of care available for patients from underrepresented backgrounds. In 2025, a US executive order entitled “Ending Radical and Wasteful Government DEI Programs and Preferring”⁷ was signed and outlines a ban on DEI initiatives within the federal government, alongside its implications for private sectors like health care, and exemplifies the United States’ growing shift toward anti-DEI policies.⁸ This raises significant concerns about the future of NIH grants aimed at fostering diversity, such as the Kirschstein-NRSA Individual Predoctoral Fellowship to Promote Diversity in Health-Related Research ([F31-Diversity](#)). These programs, which play a critical role in developing diverse cohorts of trainee scientists and researchers, face potential threats, creating yet another