Family Medicine Updates

ADFM Association of Departments of Family Medicine
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PROGRAM REQUIREMENTS FOR RESIDENCY EDUCATION IN FAMILY MEDICINE: INCREMENTAL VS REFORMATIVE CHANGE

The Accreditation Council for Graduate Medical Education (ACGME) Family Medicine Review Committee (RC) has formally asked for input from the family of family medicine organizations for a major revision of program requirements for residency education in family medicine. In response to this, Council of Academic Family Medicine (CAFM) organizations implemented an RC task force. Each task force member organization solicited input from its individual members in order to develop a prioritized list of recommendations for the RC.

ADFM organized their efforts to garner the broadest possible input from members: In April 2009 the ADFM Residency Committee sent a survey of 15 items to all members of ADFM using a Likert Scale for response prioritization ranging from 'not important' to 'extremely important'. There were also open-ended questions enclosed in the questionnaire for more process oriented comments. Fifty-three responses were received out of a potential of 110.

Using a process of content analysis, the following 10 major themes were identified from all the responses received to the ADFM survey.

1. Innovation – Allow and encourage more opportunities to innovate and experiment in residency design and curriculum
2. Flexibility – Allow flexibility in training as long as goals, outcomes, and process can be defined
3. Outcomes – Increase focus on competencies rather than the process and methodological measures (hours spent, numbers, specialty of teacher)
4. Maternity Care – Assure all graduating residents can do prenatal care. Letters for credentialing should be competency based
5. Core Competencies – In relationship to a strategic plan, RC guidelines and practice characteristics of graduates of that program, each program should be able to define core competencies, how they are taught/learned and how they are evaluated
6. Interdisciplinary teams – Facilitate interdisciplinary training across medical disciplines/other health professions
7. Specific curricular emphases – More emphasis on: geriatrics; ambulatory pediatrics; psychosocial and behavioral medicine; chronic disease care; community medicine
8. Scholarship – Broad definition of area with project definition and completion by 3-6 months prior to graduation
9. Family medical centers – Change language to increase flexibility while assuring the practice is focused on FM patient care
10. Pediatric Care – Emphasize skill development such as LPs but de-emphasize inpatient experience

This list was comparable to that developed by other family medicine organizations. Areas of major agreement among ADFM, AFMRD, and STFM were related to competency/outcomes and specific curricular rotation emphases—geriatrics, behavioral medicine, ambulatory, and pediatrics.

There is considerable agreement about the need for reformative change in terms of innovation and flexibility compared with the incremental change patterns which have occurred in previous editions of new RC requirements. As we have seen, the wide regional variation in terms of practice patterns and community needs requires both flexibility within our training settings and different emphases in the types of competencies that are necessary for successful practice. This will likely only increase if and when we move into health care reform and the new era of primary care and practice transformation. Having said this, an emphasis on a proven set of core competencies which can be measured not only throughout residency, but throughout one's practice life is essential to assuring that family medicine is seen as a discipline of competency and high quality. Lastly, scholarly effort and training of residents to participate in and initiate these kinds of endeavors and produce some of the knowledge necessary for practice are critical to success of our discipline. We stand united with our colleagues across academic family medicine in our hopes for broad change that will help us realize the potential of the future.

Alan David, MD, Jeffrey Borkan, MD, PhD, and the Association of Departments of Family Medicine