The goals of CAFM are to:

- Provide a unified voice for academic family medicine; while providing a unified voice, CAFM preserves distinctive voices of current constituencies
- Provide a structure for working together more effectively
- Provide a place for outside organizations to come to collaborate

Current CAFM Priority projects are divided into 2 categories, broadly focused and targeted. Projects may be initiated and run by CAFM, spearheaded by joint efforts of a combination of constituent organizations, or led by a single group.

Broadly Focused Current CAFM Priority Projects

Advocacy for Family Medicine

In the current fast-paced legislative environment, academic family medicine is ever more frequently called upon for its opinion, and as the leaders of the organization have witnessed, speaking with one voice is hugely important. CAFM, working alone and also in concert with the American Academy of Family Physicians through AFMAC (Academic Family Medicine Advocacy Committee) has been active in coordinating the advocacy efforts of the family of family medicine on a myriad of letters, relationship building, and strategic decisions. A recent example of our collective voice being heard was in the revised rules on Accountable Care Organizations put out by the CMS. Other outreach efforts have included the American Association of Medical Colleges, the Patient Centered Primary Care Collaborative, various national committees and organizations, as well as Congress, the Administration, and numerous agencies.

Research Advocacy for Primary Care

Research advocacy is a new area for CAFM and it has endorsed four strategies that support increased funding for primary care research.

Patient-centered Medical Home

- Defining what academic family medicine needs to do to prepare our learners for the PCMH environment
- Defining and advocating for the role of mental health in the medical home
- Engagement with the Patient Centered Primary Care Collaborative

Targeted CAFM Priority Projects

CAFM Resident Competency Measurement Task Force Overview and Update (STFM, lead organization)

Task Force Charge: Identifying, developing, disseminating, and providing training to residency programs on improved ways of measuring competency in residents in order to satisfy expected new RC-FM requirements.

Family Medicine Residency Innovations Task Force (AFMRD, lead organization)

Task Force Charge: Develop a set of recommendations to the family of family medicine regarding ways it can innovate graduate medical education

CAFM Educational Research Alliance (CERA) (STFM, lead organization)

The vision of the CAFM Educational Research Alliance is for family medicine faculty to engage in medical education research while creating collaborations that will enhance the quality of research and increase the number of faculty engaging in high quality medical education research.

CAFM is evolving, though its final form is far from determined. Some elements, such as advocacy, have developed significantly since its inception in 2008, while others, like its infrastructure, remains skeletal. What appears clear, however, is that it provides a unique forum for communication, coordination, and collaboration—moving academic family medicine and the family of family medicine ever closer to achieving its goals: training the next generation, producing new knowledge, and improving the health and well-being of the population.

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This commentary was written by the Chair of the Council of Academic Family Medicine and CAFM Executive Staff

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From the Association of Family Medicine Residency Directors

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CLEARED FOR TAKEOFF: THE 4-YEAR FAMILY MEDICINE RESIDENCY PILOT

"Fasten your seatbelts. We are ready for takeoff." This declaration, usually coming from the aircraft crew, could also be used to launch the 4-year residency pilot. The

Accreditation Council for Graduate Medical Education (ACGME) has given consent to a 6-year pilot project to compare 3 years vs 4 years of family medicine residency training. The expectation of the ACGME is that the selected residency programs will evaluate their outcomes. In order to enable all residencies to consider participation, the ABFM has agreed to support and fund this required evaluation for the programs.

Early in 2012, 20 to 30 family medicine residencies will be selected by the The Review Committee for Family Medicine (RC-FM) to begin recruiting for the 2013 academic year as 4-year residencies. A similar number of programs will remain as 3-year residencies, but will study how to improve training to meet all the standards. Essentially, the remaining programs will sit on the sidelines as interested fans/observers.

A steering committee selected by the RC-FM will oversee this 6-year pilot (2013-2019). It is anticipated that a decision will then be made by RC-FM/ACGME whether 4 years of training will be the new requirement for all our programs.

What has led us to this place on the tarmac awaiting takeoff? Duty hour restrictions reduced the available teaching hours to less than 2.5 years. Can we produce a quality graduate in the new model of patient centeredness taking into account the greater amount of chronic and complicated care, greater emphasis on population medicine, and increasing knowledge base in medicine, diagnostics, and pharmacological armamentarium? How do we produce a competent graduate with the constraints of less time? The quality of our recent graduates has been taken to task. Board scores and successful first time pass rates on the ABFM Certification Exam have dropped significantly. Many question the raw materials we receive from our medical schools. Are medical school graduates less prepared for residency than previous groups requiring that residency programs need extended time to "fix" these perceived deficits?

The few P4 programs that experimented with a 4-year model are enthusiastic about their results.[1] Each of these models is somewhat unique. Some used a longitudinal model of training over 4 years. Others combined the 4th year of medical school with 3 years of residency training. Some offered fellowship training or an advanced degree in conjunction with residency training in a 4-year program. This small cohort of programs appears to have recruited well, and the residents are positive about their training. One question is whether all family medicine programs can recruit excellent candidates or did these programs just skim off the cream of highly motivated students? Alternatively, do medical students prefer a 4-year program?

A call for interested programs will go out in early 2012. The final 4-year pilot programs will be notified so they may advertise and recruit in the fall of 2012 for the classes starting in July 2013.

"Please keep your seatbelts fastened. We may encounter some turbulence ahead. The captain will let you know when it is safe to be up and about." Are you going to be a bystander who is willing to watch events unfolding? Are you an early adopter who sees this as a chance to explore how residency training might be improved with a 4-year curriculum? Are you a zealot who desires to prove clearly that the 3-year model can produce a quality product? These 2 choices are the only things we are serving on this flight. You must choose one! Sit back, relax, and enjoy this 6-year flight.

Stoney Abercrombie, MD; Karen Hall, MD; Sneha Chacko, MD; Joseph Gravel, MD; Grant Hoekzema, MD; Lisa Maxwell, MD; Michael Mazzone, MD; Todd Shaffer, MD; Michael Tuggy, MD; and Martin Wieschhaus, MD

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