

Family Medicine Updates



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WHY ADFM MOVED THE 2013 ANNUAL WINTER MEETING

The Association of Departments of Family Medicine has decided to move its 2013 Annual Winter Meeting from Mobile, Alabama to a different location. The decision was made because Alabama passed the most extreme anti-immigrant law in the nation months after ADFM had selected Mobile as the site for our 2013 meeting. This serious dilemma demanded that we assess, confirm, and act based on our foundational principles and values. In responding to this test, ADFM learned a great deal about ourselves and about our ability to respond expeditiously and thoughtfully to these types of challenges. We write this commentary to share these issues with others in our discipline and to highlight the need for organizational preparedness to address and urgently deal with unexpected challenges.

ADFM's original decision to convene in Mobile was motivated by an opportunity to support a part of the Gulf Region still recovering from hurricane Katrina and the oil spill. However, at the end of our recent winter meeting, concerns were raised by several chairs about meeting in Alabama. Alabama's HB 56 grants extensive authority to law enforcement and other agencies to assess citizenship in a variety of settings and circumstances. Several carefully compiled assessments confirm that this law has created a threatening environment for foreign-born and ethnic minority residents and visitors.

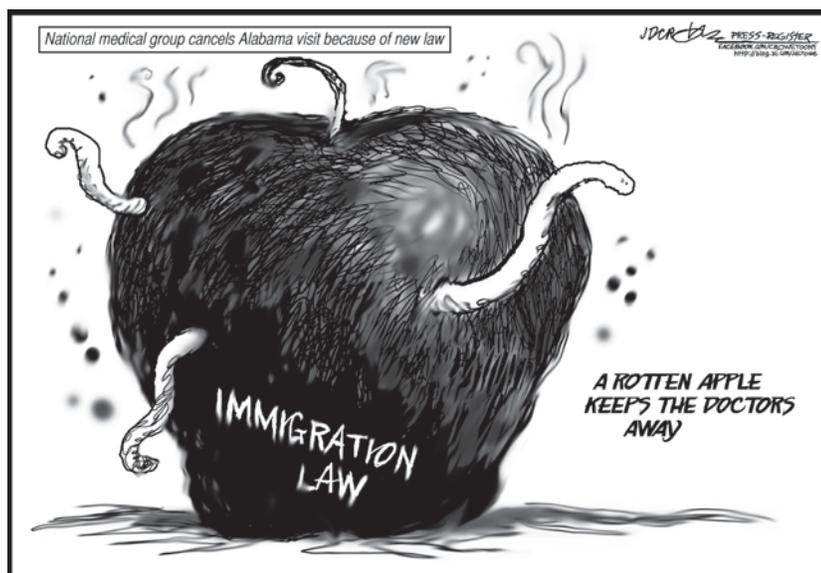
Since then, the Board has engaged in a series of intense and lengthy discussions exploring all aspects of this issue in order to decide whether to relocate our 2013 meeting. We understood that moving the meeting would pose a substantial financial bur-

den to the organization (at least \$20,000). In our judgment, the climate that the law has produced in the state of Alabama would be inimical to our ADFM values of inclusion and diversity at our annual winter meeting.

In our deliberations, the Board identified arguments to keep the meeting in Alabama as well as reasons to move. Ultimately, we identified an overriding organizational value: the obligation to create a welcoming, safe environment for all our members, including the chance to celebrate the diversity of our membership. In the Board's judgment, this value could not be upheld in a state that posed a threat to the sense of security of some of our members. Accordingly, the Board voted to relocate our meeting.

Although ADFM did not ultimately decide to move our meeting location as a political statement, we know that our decision has political implications. Several newspaper stories have already appeared in Mobile, and we anticipate additional public attention. We distributed a press release focusing on a few key messages, again emphasizing our commitment to our members and our intolerance for the environment created by HB 56.

This experience reinforced several key lessons for organizational governance. First, our organizations need to be guided by a set of values. Just 3 days earlier, the Board had considered a draft of organizational values, including the values of inclusiveness, respect, and compassion. Second, Boards of nonprofit organizations need to have the capacity to promptly consider and make difficult value-driven decisions,



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regardless of financial considerations. Finally, organizations need to recognize that these decisions may have unforeseen consequences and be prepared to respond to these new circumstances.

The decision to move our meeting was announced to our membership on Friday, March 2, 2012. Virtually all of the feedback from our members has supported this decision. Many members have offered to help the organization address the financial shortfall that has been created, and we are considering options for donations to a new Principle and Diversity Fund. But we recognize that our decision has substantial implications for our choice of meeting locations in the future; numerous locales have laws or ordinances that some or all of our members will find abhorrent. ADFM is committed to defining an explicit process that will be used to select future meeting sites and to monitor that decision after it's been made.

Although Alabama is the state with the most draconian immigration law, other states have or are considering passing similar laws. In this era of political and social polarization, all nonprofit organizations will need to identify core values and principles that can be relied upon to guide important decisions relating to issues of social justice and welfare of our members.

*Richard Wender, MD, Tom Campbell, MD,
Barbara Thompson, MD, Ardis Davis, MSW*

This commentary was written by the ADFM Executive Committee



**From the Association
of Family Medicine Residency Directors**

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EDUCATION GAPS BETWEEN FAMILY PHYSICIANS AND LICENSED NURSE PRACTITIONERS

As millions of Americans gain coverage for medical care in the coming years and as the need for primary care in patient-centered medical home (PCMH) models increases, our medical homes will need to provide more access to care. One such method is through advanced physician extenders which include physician assistants and nurse practitioners. Many entities are talking about allowing Advanced Registered Nurse Practitioners (ARNPs) work more independently without physician involvement. However, the vast difference in clinical training between family physicians and ARNPs is significant. Also, an effective provider

in a PCMH is expected to manage without consultation a broad spectrum of disease. Therefore, practices without physician counterparts could lead to a tier of primary care that is limited in its effectiveness. ARNPs are a tremendous asset in providing some primary care services, ideally partnered with physicians in group settings, but have significant limitations when independently evaluating and managing undifferentiated patients due to the superficial coverage of medical topics during their training. The skill sets are complementary to each other, but not equal.

ARNP schools exhibit a wide variation of training standards from school to school and from state to state. There is no national accreditation body like the Accreditation Council for Graduate Medical Education (ACGME) that monitors advanced nursing profession schools or creates national standards for clinical experiences. Without a similar structure to the ACGME, it is impossible to assess the quality of the education across these various schools.

The diagnostic challenges primary care physicians face on a daily basis require they have extensive clinical exposure in order to perform efficiently. The depth of knowledge required to filter undifferentiated patients' complaints and to understand the subtleties of management is vast. The average family medicine physician has 21,000 total hours of training, most of it with clear patient management responsibilities and decreasing levels of supervision. The total hours of training a nurse practitioner receives is 2,300 to 5,300 hours depending on the advanced nursing program, and much of the clinical training is observational. Many states only require a 30-day observation period of a licensed active physician before an ARNP can deliver care unsupervised. Grandfathering people into independent practice would be like grandfathering a family physician into a subspecialty after doing a month of observation in that specialty.

In the end, to practice independently, one should be judged by those who have the experience and background to make that assessment. Family physicians are the experts of primary care in this country and our understanding of what it takes to practice competently and independently is quite thorough. Family physician faculty that teach residents are skilled at making such assessments.

We believe there are excellent roles for physician extenders who work in collaborative settings with physicians, enabling more independence for the physician extenders. The medical team in the PCMH has key roles for Physician Assistants and ARNPs within its structure. Just as physicians gain greater skill with experience, these practitioners will gain great skill in many aspects of primary care as their experience