Learning points for Mexico were:
- Blended capitation payment for primary care
- Describing the main health problems in the population
- Family practice specialty training in the community setting
- Insight into numbers and geographic distribution of health care professionals

Working With Stakeholders

Engagement between care providers, patients and their caregivers, managers, and policy makers improves responses to complex needs.[20-23] To secure patient-centered care, primary care providers and researchers need to engage with those who will ultimately benefit.[24-26] Meaningful engagement results in more rapid uptake of evidence into practice, and more satisfaction with care provided.[27-29]

Problems of working with patients in the Mexican situation were:
- Unavailability of consumer organizations
- Patients passive toward health care professionals
- Patients poorly understood the role of primary care

Conclusion

The meeting participants proposed the *Cancun Manifesto*, an action plan for MCFM to lead a long-term strategy for health reform in Mexico.[30] To increase understanding among stakeholders of the values of primary care, and to advocate its development, short-term objectives were identified:
- Describing the *Mexican* Ecology of Medical Care[31]
- Collecting patients' experiences with their family physician
- Defining role and function of primary care [32] in the Mexican context

International support to the MCFM will continue. This pre-conference process can be used with other countries facing health systems change.

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References available in pre-conference report at http://www.napcrg.org/Resources/CancunManifesto/SupportingHealthReforminMexico-FullPaper.

AAFP From the American Academy of Family Physicians

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2016 MATCH SETS RECORD FOR FAMILY MEDICINE CHOICE

The 2016 Match saw the most medical students and graduates matched to family medicine in the history of the specialty (http://www.aafp.org/medical-school-residency/program-directors/nrmp.html). Specifically, 3,105 graduating medical students chose family medicine in the National Resident Matching Program (NRMP), marking the 7th consecutive year that the number of students picking family medicine increased (Supplemental Figure 1, available at http://www.annfammed.org/content/14/3/280/suppl/DC1).

That upward trend is important, but the rate of increase isn't nearly enough to meet demand. Researchers from the Robert Graham Center for Policy Studies in Family Medicine and Primary Care have estimated the shortage of primary care physicians will reach 33,000 by 2035. According to national health care search firm Merritt Hawkins, family physician has been the most highly recruited role in the US health care system for 9 consecutive years.

"The bump up this year is the largest in the last several years for family medicine," said Stan Kozakowski, MD, director of the AAFP Medical Education Division. "While this news is heartening and a step in the right direction, we should not be satisfied with these rather modest results. Far too few students are choosing family medicine to meet the needs of our nation."

US seniors accounted for 1,481, or 48%, of the family medicine positions filled. That was an increase of 59 US grads compared with 2015 and marked the largest single-year bump in 4 years. The number of US seniors matching into family medicine was nearly 400 more than in 2009, the year before the 7-year stretch of improving match rates began.

The 3,105 med students picking family medicine represent an increase of 45 compared to a year ago. The number of slots offered by family medicine residency programs increased to 3,260, up from 3,216 in 2015. The fill rate was 95.2%, up slightly from 95.1 last year.

Most of the 155 unfilled positions were expected to be filled during the NRMP Supplemental Offer and Acceptance Program (SOAP). That process already has taken place, but the numbers from the SOAP weren't reflected in the initial data released by the NRMP.

Overall, primary care specialties had a 96.1% fill rate, similar to 2015. The number of positions offered in primary care increased by 42. Primary care positions accounted for 14.5% (4,053 of 27,860) of all positions offered. That figure lags far below recommendations. The Council on Graduate Medical Education, the Association of American Medical Colleges, the Robert Wood Johnson Foundation, the Pew Health Professions Commission, and others have called for at least 40% of US medical graduates to enter generalist careers.

In the American Osteopathic Association Intern/Resident Registration Program, more than one-fourth of the 2,255 matches were in family medicine.

"There is much we can learn from our osteopathic colleagues when it comes to promoting family medicine choice by medical students," Kozakowski said. "We look forward to greater collaboration with them on this vital topic."

The United States invests about $15 billion a year on financing graduate medical education (GME), but AAFP President Wanda Filer, MD, MBA, said taxpayers aren't getting their money's worth. Instead, the country has a fragmented health care system with a heavily specialized workforce.

The AAFP has long called for GME reform. The Academy released a proposal in 2014 with several recommendations, including a call to establish primary care thresholds applicable to all sponsoring institutions and teaching hospitals that receive Medicare and/or Medicaid GME financing.

"One-fourth of all medical students are AAFP members," Filer said. "We're working to close the deal with more of them. We have to do more."

That includes working on payment reform, Filer said. The initial uptick in student interest in family medicine coincided with health care reform policy that introduced new incentives for primary care physicians. Filer said the AAFP now is working to influence the implementation of the Medicare Access and CHIP Reauthorization Act in a way that will be favorable for primary care.

"We expect that in the new system, primary care will be the centerpiece," Filer said. "Primary care physicians will be paid better and paid differently. Students choosing primary care have made wise choices."

Filer said that when she talks to students about family medicine she touts the specialty's ability to provide comprehensive care to everyone, regardless of age or gender. A recent Graham Center study compared the complexity of primary care visits compared to subspecialist visits, and one author said the research points to the need to adjust payment in favor of primary care.

"Family medicine is not a default choice," Filer said. "You're dealing with more than one organ system. We want the best and the brightest, who will be committed to primary care, willing to make a difference in their communities and ready to take a lead role in the new health care system."

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From the American Board of Family Medicine

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"THE END OF THE BEGINNING" FOR CLINICAL SIMULATION IN THE ABFM SELF-ASSESSMENT MODULES (SAMS)

"Now this is not the end. It is not even the beginning of the end. But it is, perhaps, the end of the beginning."[1] With these words, Winston Churchill marked the Allied victory of Second El Alamein that represented a major turning point in the struggle against the Axis powers in World War II. ABFM has likewise reached a major turning point in the Maintenance of Certification for Family Physicians (MC-FP) program.

The clinical simulation program began at ABFM in 1992; the ABFM Board intended at the outset to develop the simulation technology as a potential replacement or enhancement for the MC-FP examination. When ABFM embarked on the MC-FP program in 2004, the Board elected to include simulations in the self-assessment process as a means to familiarize Diplomates with the interface and functionality in preparation for simulations' appearance in the part III examination. Since that deployment, ABFM has delivered over 500,000 simulation instances.

Over the past year, ABFM has embarked on several initiatives that have led the Board of Directors to reconsider the role of simulation in MC-FP. The DAIQUERI and TRADEMaRQ registry projects[2] will simplify Diplomates' participation in MC-FP and, potentially, provide performance information that might have previously derived from simulations. Additionally, ABFM has begun development of a continuous knowledge self-assessment (CKSA) process that will involve sending out periodic "mini-quizzes" of 1 or more items (including references and critiques) keyed to the examination content blueprint.[3] This process will provide ongoing prospective feedback for Diplo-