

medicine to serve the American public. He is truly a transformative leader, and the ABFM Board of Directors is confident in his abilities to ensure that our certification programs are relevant and worthwhile to both clinicians and patients."

Continuously board certified in family medicine since 1987, Dr. Newton served on the ABFM Board of Directors from 2007-2013, including his term as Board Chair in 2011-12. He currently serves as a Director on the ABFM Foundation Board of Directors. Dr. Newton also brings experience working with the American Board of Medical Specialties, where he serves as a member of the ABMS Committee on Continuing Certification, including a term as one of its first chairs in 2014.

Additional national roles in which Dr. Newton has served include President of the Association of Departments of Family Medicine and Founding Chair of the Council of Academic Family Medicine. He is currently a member of the Liaison Committee of Medical Education and represents the ABFM at the National Academy of Medicine's Global Forum on Innovation in Health Professional Education.

Dr. Newton graduated from Yale University in 1980 and Northwestern Medical School in 1984. After residency and chief residency at the University of North Carolina, he completed the Robert Wood Johnson Clinical Scholars Program and an MPH at the UNC Gillings School of Global Public Health. In 2012-13, he was selected as a Society of Teachers of Family Medicine (STFM) Bishop Fellow, during which he also completed the American Council of Education Fellow's program.

"For nearly 50 years, the American Board of Family Medicine has served family physicians and the public with great distinction. I am delighted to serve the Board and family physicians across the country and honored to follow the outstanding leadership of Jim Puffer," said Newton. "I have great admiration for the family physicians at the forefront of the care and the innovation that the American public needs. The Board is deeply committed to supporting them as they serve their patients and communities, and will continue to help develop the systems and tools needed to support them as they work continually to improve their practices. We are also committed to engagement with our partners—patients and families, other specialties, other professions, other organizations and payers—who share our vision of the need for dramatic improvement in health and health care for the American people."

About ABFM

The American Board of Family Medicine (ABFM) is one of the 24 Member Boards of the American Board of Medical Specialties. Founded in 1969, it is a volun-

tary, not-for-profit, private organization whose objective is to encourage excellence in medical care. The ABFM believes that its certified family physicians have successfully demonstrated their ability and have proven their commitment to the public, the specialty of Family Medicine and the profession.

Through its certification processes, the ABFM seeks to provide patients the assurance that their certified family physicians have the necessary education, training, skills, and experience to provide high quality care to patients and their families and that this commitment to excellence is maintained throughout their years of practice.



Ann Fam Med 2018;16:89-90. <https://doi.org/10.1370/afm.2188>.

REFLECTING ON OUR 50TH YEAR

2017 was a year of celebration for STFM. We acknowledged the contributions of past leaders, recognized the important role we fill today in family medicine education, and launched new initiatives to prepare our members to educate future physicians to meet the needs of individuals, families, and communities.

Some of the Year's Accomplishments

Partied like it was 1967! During our 50th Anniversary yearlong celebration, staff and members produced a 50th Anniversary edition of *Family Medicine* and created a series of videos and blog posts about "remembering the past, embracing the present, and shaping the future." We celebrated at our conferences with special programming, history exhibits, "champagne" toasts, ice sculptures, and possibly the most energetic STFM dance party ever. We ceremoniously packed away anniversary-year mementos in a time capsule to be opened in 2042.

Introduced Peer-Reviewed Reports in Medical Education Research (PRiMER). This open-access scholarly journal publishes original research briefs that fill a gap between the presentation of research results at conferences and the development of full-length articles suitable for submission to traditional print journals, such as *Family Medicine*. PRiMER editors offer feedback and mentoring to junior researchers.

Launched the Residency Faculty Fundamentals Certificate Program. This assessment-based online program includes self-led courses with assignments to

provide foundational training for residency faculty. Courses cover the structure and requirements of residency education; how to be an effective and efficient faculty member; the nuts and bolts of curriculum development and teaching; and strategies for assessment, feedback, and remediation of residents.

Conducted the first meeting of the Precepting Expansion Oversight Committee. This multidisciplinary, interprofessional committee is overseeing the implementation of an action plan to decrease the percentage of primary care clerkship directors who report difficulty finding clinical preceptor sites and increase the percentage of students completing clerkships at high-functioning sites. Five tactic teams began meeting in 2017 and are now implementing strategies to ensure medical, nurse practitioner, and physician assistant students receive hands-on opportunities with patients in real-world settings.

Updated the Leading Change online course. The content is now delivered in shorter segments and the course includes interactivity, learning activities, and quizzes to promote understanding and retention.

Implemented new submission systems for the Family Medicine Residency Curriculum Resource and the STFM National Clerkship Curriculum. Submissions are now made through the same system STFM uses for its journals, which allows for better tracking of submissions and communication with authors.

Implemented digital badging on member profiles in STFM CONNECT. A digital badge is an online recognition of accomplishments, mastery of a skill, or completion of a learning experience. The goal of the badging is to recognize members, showcase their accomplishments and STFM involvement, and encourage participation in STFM programs and leadership activities.

The celebration and innovation of 2017 built momentum for the many products and activities planned for 2018: a Medical School Faculty Fundamentals Certificate Program, an enhanced online presence for *Family Medicine*, a revamped, mobile-friendly website, a new conference submission and review system, and ongoing work to address the shortage of community preceptors.

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Ann Fam Med 2018;16:90-91. <https://doi.org/10.1370/afm.2191>.

For this issue, the ADFM is pleased to use this space for a paper by Family Medicine for America's Health, a collaboration of ADFM and 7 other national family medicine organizations. We also acknowledge specifically the contributions of ADFM's Education Transformation Committee.

A SHARED AIM FOR STUDENT CHOICE OF FAMILY MEDICINE: AN UPDATE FROM ADFM AND FAMILY MEDICINE FOR AMERICA'S HEALTH

Recently, through the Family Medicine for America's Health (FMAHealth) Workforce team, 8 family medicine organizations endorsed a "shared aim" to: increase the percentage of US senior allopathic and osteopathic medical students choosing family medicine from 12% to 25% by 2030. Twenty-five percent is a stretch goal aligning current efforts and resources with the ultimate primary care workforce goal of 40%.

The Four Pillars for Primary Care Physician Workforce Reform provides a blueprint with leverage points.¹ ADFM expanded on this to illustrate points where Departments of Family Medicine (DFMs) could engage along the "four pillars" continuum,² and the ADFM Education Transformation Committee provided a worksheet further addressing where DFMs could engage locally.³

In the last 3 years, the FMAHealth Workforce Team has explored strategies along the "four pillars" continuum. The FMAHealth Workforce Team's analysis of engagement is summarized below:

Pipeline

Workforce Diversity: Improving health professional diversity is central to pipeline efforts to produce the diverse primary care workforce needed. Collaborative efforts outside family medicine, such as the "Beyond Flexner Alliance," and working with leadership from organizations with missions including improving the health of underserved communities, are essential.

Student Factor Analysis: Medical students' specialty choice is a multifactorial process. Virtual focus groups conducted with both M4 students who choose and do not choose family medicine at schools with high and low family physician production identified several key themes, including a need for high quality