

Family Medicine Updates



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STFM ADVOCATES FOR PROTECTED NONCLINICAL TIME FOR RESIDENCY FACULTY

STFM leadership has taken decisive action to address a concerning national movement toward maximizing the clinical productivity of academic faculty.

Action Based on STFM Member Survey

In 2018, STFM conducted a member survey in preparation for development of a new strategic plan. In an open-ended question, members in all work settings identified workload/administrative burden/competing priorities as their biggest challenge. Many noted that expanding clinical demands were impinging on academic and education time. Following are sample responses to a question asking them to identify their biggest work-related challenge right now:

- Screws are tightening on medical educators everywhere to see more patients, publish more, teach more students, do more online training
- Too many demands, balancing patient care with teaching
- Find(ing) time to do research and teaching while asked to see more patients in the clinic
- Need for more teaching time
- I would like to have more time for academic pursuits (eg writing and research), but find myself being pulled into more and more clinical work. I would like more tools to advocate for balance
- Trying to meet various demands regarding measuring and documenting milestones and administering the program evaluation committee and other administrative work, versus actually doing real teaching and maintaining my own knowledge, taking care of my own clinical practice, and still trying to maintain joy in my work
- Promoting scholarship in a context where many faculty are pressed to increase clinical productivity and in general, are feeling rather burned out
- Underfunded faculty time for nonclinical residency work...navigating leadership in private institution with different mission than learning

In response to the member survey, the STFM Graduate Medical Education Committee, chaired by David Lick, MD, began to formulate strategies to help members—who are feeling that they no longer have time to meet their obligations to their academic programs—advocate for protected time for teaching and meeting academic and accreditation requirements.

The Committee conducted a national survey of program directors to quantify the amount of time allocated for faculty nonclinical work and how much time it actually takes to do required nonclinical work. The results of the survey will be used by a new task force, chaired by Simon Griesbach, MD, to develop Joint Guidelines for Protected Nonclinical Time for Faculty in Family Medicine Residency Programs. The guidelines will be disseminated to health system administrators, who rely on national guidelines and requirements when allocating teaching time, as well as to designated institutional officials, program directors, department chairs, and core faculty.

Response to ACGME Family Medicine Program Requirements

On July 1, 2019, new Accreditation Council for Graduate Medical Education (ACGME) Family Program Requirements went into effect. These requirements changed the program director requirements from 70% supported time for “program administration, evaluation, teaching, resident precepting, and scholarship” to a scaled amount of supported time—based on number of residents—for “administration of the program.” The new requirements also require supported time for associate program director(s) who must devote the “majority” of “professional experiences to administration of and clinical education in the program.”

Protected time for core faculty is not quantified in the new requirements.

When the draft of the Family Medicine Requirements was released for review and comment last spring, STFM joined with the other family medicine organizations to voice concerns about the requirements around program director and faculty time.

Upon release of the final requirements, STFM and other family medicine organizations again raised opposition. STFM sent a letter to the ACGME asking them to give review committees the autonomy to define the amount of time their faculty needs to meet administrative responsibilities and accreditation requirements, while devoting sufficient time and attention to preparing residents for future independent practice. As of the

writing of this article, STFM is awaiting communication about next steps by the ACGME, as well as the release of FAQs from the ACGME Family Medicine Review Committee.

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PROGRESS ON A PILOT PROGRAM OF RESEARCH CAREER DEVELOPMENT DURING RESIDENCY

An Update on the ABFM-Approved Pilot Program of Integrated Mentored Research Training During Residency

In late November 2017, the ADFM Research Development Committee reported on a proposal made to and approved by the American Board of Family Medicine to create a pilot program for a Family Medicine Physician Scientist Pathway (FM-PSP).¹ In that commentary, we shared background and planned features of the program, designed as an alternative to current post-residency fellowship programs for residents who wish to pursue a research career in family medicine. Other primary care specialties employ a residency research pathway to recruit medical students with concurrent interest in a research career, but before the advent of the FM-PSP, the specialty of family medicine has lacked this essential tool.

With this new pathway option, medical students interested in a research career have the option to participate in the FM-PSP model of integrated clinical and research training during residency rather than seek research fellowships after completing residency. This integrated training allows participants to begin the path of a career of independently funded research straight out of medical school without having a “gap” in research training during the years of residency. The FM-PSP includes rigorous methodological training in quantitative and qualitative research as well as scientific writing with the intention that participants will be able to write high-quality peer-reviewed publications and competitive NIH-type grant applications during (and after) their training. Some of the research coursework may be applied towards an advanced degree (eg, MPH, MS, etc) if desired. Learn more about the pathway at our website: <https://www.adfm.org/programs/physician-scientist-pathway>.

The FM-PSP, currently in a pilot phase, is designed to allow the participating programs and residents some flexibility in structure, including how residents enter or exit the program in terms of timing (PGY1 or later), length of the program, and curriculum. Because of the built-in time designated for research throughout the years of training, all PSP residents should plan for the full length of training to be 4 to 5 years.

The 7 residency programs currently participating in the pilot are:

- Case Western (site lead: Goutham Rao, MD)
- University of California, Davis (site lead: Anthony Jerant, MD)
- University of Florida (site lead: Peter Carek, MD, MS)
- University of Kansas (Belinda Vail, MD, MS)
- University of Pennsylvania (site lead: Margaret Baylson, MD, MPH)
- University of Utah (site lead: Kola Okuyemi, MD, MPH)
- Virginia Commonwealth University (site lead: Alex Krist, MD, MPH)

The program is overseen by an Advisory Board, chaired by James Puffer, MD, President and CEO Emeritus of the ABFM. Members of the Advisory Board include: Hazel Tapp, PhD (representing NAPCRG), Jennifer Carroll, MD, MPH (representing AAFP), Kola Okuyemi, MD, MPH (representing ADFM), Robert Phillips, MD, MSPH (representing ABFM), Bernard Ewigman, MD, MSPH (representing ADFM), and Chyke A. Doubeni, MD, MPH (PSP initial idea & proposer). In addition to these stellar representatives from across the family of family medicine, we are pleased to have 2 new individuals join the Ad Board from outside of national family medicine organizations: Richard Wender, MD, Chief Cancer Control Officer of the American Cancer Society and David Chambers, DPhil, Deputy Director for Implementation Science in the Division of Cancer Control and Population Sciences at the National Cancer Institute, a part of NIH.

Now, with year 1 of the pilot under our belt, we have learned about some of the benefits and challenges for pilot sites in recruitment. The Advisory Board is committed to this initial learning phase of the pilot and is working to streamline the description of the pathway, develop a communication and dissemination strategy, and address barriers to participation such as the perceived length of training and availability of mentors under the FM-PSP. We look forward to continued updates and an evaluation plan for the pathway as we continue in this pilot phase.

Amanda Weidner, MPH, Deputy Director, ADFM; James Puffer, MD, President and Chief Executive Officer Emeritus, ABFM; Kola Okuyemi, MD, MPH, ADFM Research Development Committee; Chyke Doubeni, MD, MPH, Proposer of the FM-PSP