

wider societal environment in which ASRs find themselves in destination countries can impact greatly on an individual's ability to live healthily and to access care, especially preventive health care services for chronic diseases or screening. This study looked to understand the health-related experiences of ASRs living in Glasgow, Scotland. Specifically, to address: (a) perceptions of health, well-being, and illness causation, (b) experiences of accessing primary and preventive health care, and (c) the wider societal factors influencing these perceptions and experiences. Two studies were done, each using mixed methods approaches including: focused ethnography; semi-structured interviews; media analysis. Analysis used theories of candidacy, which focused on access to health care, and structural vulnerability, which focused on upstream determinants and influences on health, to deepen the understanding of ASR health and access. The results concluded that ASRs do not see themselves as "candidates" for preventive health care. While services can be adapted to improve accessibility, wider structural variables such as experience of discrimination or entitlement to health care also need to be addressed. **FULL ABSTRACT:** <https://napcrg.org/conferences/2001/sessions/869>.

### **An Innovative Pragmatic Trial of Group Transdiagnostic Cognitive-Behaviour Therapy for Anxiety Disorders**

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Anxiety disorders are the most common mental disorders in community settings and are associated with significant distress and functional impairment. Although cognitive behavior therapy (CBT) is the most consistently efficacious psychological treatment for anxiety disorders, limited resources and expertise challenge its accessibility in primary care, and only a minority of anxiety disorder sufferers are therefore treated according to guidelines' recommendations for evidence-based psychotherapy. Transdiagnostic group CBT (tCBT) could be a promising intervention to improve access to CBT in primary care, yet its effectiveness in real world conditions requires investigation. This study investigated the effectiveness of group tCBT in addition to treatment-as-usual (TAU), compared to TAU only. The study was set in community-based primary mental health care in Québec, Canada using a pragmatic randomized controlled trial with post-treatment assessment and follow-up at 4 months. The results concluded that transferability of the intervention from a specialized clinic to community

settings. The results from this rigorous evaluation of tCBT will contribute to the large-scale dissemination and implementation of this intervention in primary care to promote a more equitable access to evidence-based CBT. **FULL ABSTRACT:** <https://napcrg.org/conferences/2001/sessions/554>.

### **Penicillin V for 5 versus 10 Days in Patients With Pharyngotonsillitis Caused by GAS – A Randomised Controlled Trial**

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It is noted that Pharyngotonsillitis is common in primary health care and the current recommendation of the ESCMID Sore Throat Guideline Group is to treat patients with 3-4 Centor criteria and the presence of group A streptococci (GAS) with penicillin V for 10 days. This study investigated whether the total exposure of penicillin V can be substantially reduced while maintaining adequate clinical efficacy. The study was set in 17 primary health care centres in Sweden, as a randomised controlled, open-label, non-inferiority trial. The results concluded that the 5-day regimen was non-inferior to 10 days regarding clinical cure but less effective regarding bacteriological eradication. There was no increased risk of relapses or complications associated with the shorter treatment. The risk of less frequent bacterial eradication should be weighed against the positive effects of shorter time to relief of throat symptoms, numerically fewer adverse events, better compliance, and reduced antibiotic consumption. **FULL ABSTRACT:** <https://napcrg.org/conferences/2001/sessions/34>.

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### **AFMRD DIVERSITY AND HEALTH EQUITY TASK FORCE UPDATE**

As of July 1, 2019, the Accreditation Council for Graduate Medical Education (ACGME) Common Program Requirements stipulate that, "The program, in partnership with its Sponsoring Institution, must engage in practices that focus on mission-driven, ongoing, systematic recruitment and retention of a

diverse and inclusive workforce of residents, fellows (if present), faculty members, senior administrative staff members, and other relevant members of its academic community."<sup>1</sup> Additionally, the ACGME requires residency programs to "understand the social determinants of health of the populations they serve and incorporate them in the design and implementation of the program curriculum, with the ultimate goal of addressing these needs and health disparities."<sup>2</sup> In anticipation of these future requirements, the Association of Family Medicine Residency Directors (AFMRD) Board of Directors sanctioned the formation of a Diversity and Health Equity Task Force in September 2018. In January of 2019, the AFMRD Board of Directors approved the task force's charter with the following objectives:

1. Analyze baseline demographic data, collected via the Council of Academic Family Medicine (CAFM) Leadership Project, to make recommendations about leadership development activities to increase diversity in the leadership pipeline
2. Identify opportunities for delivering Health Equity education to program directors and associate program directors
3. Develop health equity educational resources (Curriculum or Curricular guide) for residency programs
4. Identify opportunities to support programs in understanding and educating residents about biases, both implicit and explicit as well as structural competence
5. Identify options to support family medicine residency programs in meeting the ACGME requirement regarding ensuring a diverse workforce

Following approval of the charter, a call for task force volunteers went out to the AFMRD membership. The first meeting of the Diversity and Health Equity Task Force took place at the American Academy of Family Physicians' Program Director's Workshop (PDW) and Residency Program Solutions (RPS) Symposium in April of 2019. The following individuals graciously volunteered to serve on this task force: James Haynes, MD, (Chair); Paul Ravenna, MD; Sarah Cole, DO; Fadya El Rayess, MD, MPH; Gail Y. Floyd, MD; Rachel Friedman, MD; Jessica Guh, MD; Cara Marshall, MD; Ildi Martonffy, MD; Leon McCrea, MD, MPH; Theresa Nevarez, MD, MBA; Mark Rastetter, MD; Suki Tepperberg, MD, MPH; Santina Wheat, MD, MPH; and Deanne St. George (AFMRD Executive Director).

The Task Force has met via teleconferencing approximately every 6 to 8 weeks and has developed or completed the following initiatives:

- Recommendation to PDW-RPS Planning Committee to select a plenary topic/speaker related to diversity and how diversity affects the community of family medicine and residency training programs
- One of AFMRD's PDW-RPS promised sessions will be a panel presentation focused on implicit bias
- At the task force's suggestion, the AAFP Center of Diversity and Health Equity will present information regarding the AAFP Health Equity Toolkit and utilization techniques at the 2020 PDW and RPS meeting
- A full review of diversity and health equity resources available to members in AFMRD's Program Director Toolbox will occur with subsequent plans to add any critical resources currently missing
- Consider and codify new ways to deliver diversity and health equity content to members including the AFMRD online discussion forum and the Program Director Toolbox

The AFMRD Diversity and Health Equity Task Force encourages program directors and faculty to attend sessions on diversity and health equity at the AAFP's 2020 PDW and RPS. The AFMRD Board of Directors is excited to sponsor up to 3 individuals for the AAFP Health Equity Fellowship this year, all of whom should attend the 2020 meeting. As the chairperson of AFMRD's Diversity and Health Equity Task Force, I urge each of you to consider how you can contribute to your institution's efforts to recruit and retain a diverse workforce, which can engage in efforts to provide quality, equitable health care to the families in your community.

*James Haynes, MD, FAAFP*

## References

1. Accreditation Council for Graduate Medical Education. ACGME Common Program Requirements. <https://www.acgme.org/What-We-Do/Accreditation/Common-Program-Requirements>. Approved Jun 10, 2018, page 6.
2. Accreditation Council for Graduate Medical Education. ACGME Common Program Requirements. <https://www.acgme.org/What-We-Do/Accreditation/Common-Program-Requirements>. Approved Jun 10, 2018, page 10.



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## NEW AAFP PRESIDENT PLEDGES RELIEF FOR PRACTICE CHALLENGES

Less than 4 hours after being installed as the American Academy of Family Physician's top elected leader during the Congress of Delegates on September 25, 2019, AAFP President Gary LeRoy, MD of Dayton, Ohio addressed a much larger audience packed into the