

solutions that meet the needs of family physicians and family medicine training programs.

Preserve Comprehensive Practice for Family Physicians and Family Medicine Faculty Who Wish to Practice Broad Scope

There have been concerns for decades that family medicine's scope of practice is decreasing. There is a substantial gap "between the training and preparation family medicine residents receive and the services they deliver in practice."⁸ This initiative will promote the connection between comprehensive practice and reduced burnout and define a training pathway for those who want to re-enter the family medicine workforce or who have been practicing under a limited scope

This Health Systems Initiative addresses multiple strategies and tactics in the new STFM Strategic Plan and builds on STFM's work on the Preceptor Expansion Initiative and Protected Faculty Time Guidelines, and aligns with the collaborative efforts of the family medicine organizations to engage with health systems leaders to preserve comprehensive training and practice for family physicians, improve health outcomes, and identify and spread best practices for optimizing the role of family medicine.

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PUSHING BOUNDARIES FROM THE MIDAIR SUSPENSION OF A PANDEMIC

Early this year, in what seems like a lifetime ago, the NAPCRG Board of Directors decided to host its spring meeting virtually in response to what was then a new virus. Over the next few months, COVID-19 spread across the globe and infiltrated all parts of our lives. By May, a new, virtual reality culminated in a different kind of board meeting where the first order of business was commiseration. We shared stories about the virus' impact on personal and professional lives and assessed uncertainty in the year ahead. Calling attention to this liminal space, as though trapped in a holding pattern before landing, we had to get comfortable with being uncomfortable. For many, the time has been filled with the chaos of clinical care ranging from early morning hospital rounds to late night phone calls with patients and students and family. COVID-19 has triggered both a personal and business imperative for change.

And now, as COVID continues to disrupt and discourage, the NAPCRG Annual Meeting has transformed. Long cherished as "home" for primary care research, the meeting will be a welcome respite to a challenging year. Untethered from familiar hotel ballrooms, our new home will span boundaries of geography, time, and space. We are explorers in a digital divide that enables access and disconnection in equal measure. At the time of this writing, we do not know whether we will be celebrating relief from a vaccine, managing a new surge, or holding more liminal space. What we do know is that the meeting will celebrate primary care and the research that propels it.

The NAPCRG Annual Meeting is still your home. Join us November 20-24, 2020 for cutting-edge education and innovation. CME will be provided, and programming will include presentations and interactive discussions with a special focus on late-breaking COVID research. Now more than ever, researchers need a place to share knowledge, insights, and camaraderie. An online poster hall and plenary speakers will provide wide-ranging perspective adjusted like a lens for close depth or broader distance. Presenters will include Mark Smith, MD, MBA and Paula Brave-man, MD, MPH and a COVID-19 Panel consisting of Rebecca Etz, PhD; Trisha Greenhalgh, OBE, FRCP, FRCGP, FMedSci; Michael Kidd, MD, MBBS; Ross Upshur, BA(Hons), MA, MD, MSc. Enjoy networking with familiar faces and new acquaintances. Music

from a variety of new and old voices, interspersed throughout the conference, will cultivate other forms of “knowing” and sense-making.

COVID-19 has cast a spotlight on all aspects of primary care: health disparities and racial injustice, physical and psychological well-being, practice change and the compelling need for societal change. Against this backdrop, the 48th NAPCRG Annual Meeting will provide a home for inspiration, joy, and education to reinvigorate work and nurture the relationships that are cherished by a tight-knit community of research lovers across the globe. Join us!

Visit www.napcr.org to register.

Jack Westfall, MD, MPH, NAPCRG President, Hazel Tapp, PhD, NAPCRG Conference Chair, Julie Sutter, MPA, MS, CAE, NAPCRG Executive Director



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WHAT ADFM LEARNED FROM BRINGING A PUBLIC MEMBER ONTO ITS BOARD OF DIRECTORS

The Association of Departments of Family Medicine's (ADFM's) overall mission is to “support academic departments of family medicine to lead and achieve their full potential in care, education, scholarship, and advocacy to promote health and health equity.”¹ A core value guiding ADFM in its work is a commitment “to engaging with patients and communities as partners in our mission.”¹

In 2018, in partnership with Family Medicine for America's Health (FMAHealth), ADFM launched a pilot of a public ADFM Board member with the hypothesis that “an individual not within our ‘family’ of academic departments but who appreciates our mission and is committed to success of departments of family medicine, will bring complementary views and experiences that enhance the work of ADFM.”² A 2-year evaluation period was established to include: (1) choosing someone who brought an experienced public academic medicine perspective; (2) surveying ADFM Board members; and (3) reviewing specific contributions.

Our learning also reflects outreach to other family medicine organizations with public and patient Board members. Pursuant to a recommendation from the ADFM public member, public and patient Board

members from the American Academy of Family Physicians Foundation (AAFP-F), the American Board of Family Medicine (ABFM), and the North American Primary Care Research Group (NAPCRG) participated in focus group meetings to discuss their roles, contributions, and experiences on their respective Boards. Additionally, executive staff from the AAFP-F and ABFM were interviewed about their perceptions of the value and contributions of public and patient Board members.

This multidimensional evaluation and ADFM's evaluation resulted in the ADFM Board transitioning the public member pilot position to a permanent position, with a 3-year renewable term at the end of 2019. Our key learnings and rationale follow.

Critical Attention to Process

The assumptions of our pilot focused on the *content* which the public member would bring to Board deliberations and decisions; however, she also brought us understanding of our process. Our public member provided a critical function of “holding up a mirror” to challenge our Board to think outside of potential inadvertent contextual and framing limits, to question why things are done the way they are, and to call out voices which are absent during critical conversations. Additionally, we learned how important it is to attend to the *process* of onboarding a new public member who has no prior history with the organization and its Board members. We realized that ADFM's 2-year pilot timeframe was too short to allow for optimal acculturation of a new public member.

Finding the Right Person

It was during review of all of the evaluation information that the Board recognized that ADFM had indeed found “the right person.” However, we needed to implement necessary processes (eg, proactive mentoring, explicitly drawing on experiences relative to specific issues) to take full advantage of her expertise and potential contributions within the pilot's short timeline. As she herself said, it is “...about the *willingness* of the board to include someone who is not a Chair (with a different perspective), the *acceptance* of this new position/role by the members, and the ongoing *support* by the Board and Executive team ...to continue to strengthen the role and the individual in the position.” For ADFM there was a modest travel expense with this pilot. In both the public/patient member focus group meetings and executive staff interviews, the point was made that the decision to add a public or patient perspective to a Board is not a “return on investment” issue. It is more about including the “right person” and these articulated issues.