specialty's commitment to the full continuum of health care, including maternity and hospital care, in addition to community- and office-based practice. Furthermore, it challenges our residencies to maintain the core values of our specialty while embracing new technologies in the delivery of health care, such as electronic health records. Finally, the call for a new model of family medicine pushes our residency programs to totally reexamine our family practice centers from the way we schedule and communicate with patients to the services we offer. The family practice center was one of our specialty's major educational innovations 35 years ago. Now is the time to be innovative in the family practice center once again.

The AFPRD has embarked on a number of initiatives to contribute to the implementation of FFM. First, the organization's membership will be voting on a proposal to change our name to the Association of Family Medicine Residency Directors (AFMRD) at our June 2004 business meeting so we are consistent with the FFM recommendation on communication. To further the leadership and advocacy recommendation, the National Institute for Program Director Development (NIPDD) Academic Council is developing an advanced course on leadership for our membership. We are also initiating an awards program to recognize the hard work and leadership already shown by residency directors. To enhance residents' understanding of chronic and preventative medical care services discussed in the new model of family medicine, we are currently offering the Better Bones conferences on osteoporosis, and a similar series on diabetes is being planned for 2005. AFPRD is supporting the recommendation on enhancing the science of family medicine by working with the North American Primary Care Research Group (NAPCRG) to promote research within our residencies.

Finally, at this year's program directors' workshop, there will be a plenary session devoted to FFM and 2 discussion forums to promote innovation in family medicine residency education. One forum will provide input into the proposed RRC revisions for residency accreditation, and the second will be on the Family Medicine Curriculum Resource Project and developing a standardized residency curriculum for the future.

Our current residents will ultimately be leading the implementation of the FFM recommendations during their practice careers. The AFPRD is fully committed to making the changes needed today to ensure that our residents are well prepared to be tomorrow's leaders.

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NORTH AMERICAN PRIMARY CARE RESEARCH GROUP

From the North American Primary Care Research Group

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FUTURE OF FAMILY MEDICINE RECOMMENDATIONS CONFIRM NEED FOR INCREASED RESEARCH FROM FAMILY PHYSICIANS

Members of NAPCRG and others might scan the Future of Family Medicine (FFM) report[1] and conclude that research has been neglected, with only 1 of 10 recommendations clearly focused on the science of family medicine. They would, however, be wrong. This family medicine report is laced with research that predated its beginning, continued through the current ignition point, and will continue on into the foreseeable future.

FFM spent most of its money on research and based its deliberations and conclusions on research results from all over the world. As a set of compass headings, compared with an exact blueprint, the FFM report declares that further research is a necessity to guide a serious revision of family medicine. The report calls early and often for various types of research, especially effectiveness research, because, "These ideas need to be tested in practice."

Among 5 key challenges facing family medicine, 2 particularly call out for NAPCRG's assistance: (1) addressing the public's perception that family medicine is not solidly grounded in science and technology, and (2) winning respect in academic circles. Indeed, just as the report concludes that "the problems afflicting family medicine do not include irrelevance or obsolescence," the same can be safely concluded for the research enterprise so dear to NAPCRG.

The basket of services expected of all family physicians includes quality improvement and practice-based research. The new model of practice is contrasted with the old model in that the old model consumed knowledge, but the new model will both consume and produce knowledge. The report calls for further development of practice-based research networks and sentinel practice systems and, with remarkable clarity, a reconciliation between family medicine and academic health centers. Even the identity statement formulated for family physicians acknowledges the role of science in family medicine.

Family medicine residency training of the future is expected in this report to require a "culture of innovation and experimentation. The educational process must train family physicians who can function optimally in the New Model practice … who actively mea-

sure outcomes … involved in the creation of relevant new knowledge." And repeatedly, the report reminds everyone that future family physicians will be expected to implement reliably evidence-based practice, enabled by robust information management capacities.

Among the declared strategic priorities is "advancing research that supports the clinical decision making of family physicians and other primary care clinicians," to place family medicine on equal (or better) footing with the rest of medicine. And, indeed, recommendation 5 is explicit about research, calling again to increase dramatically funding for the Agency for Healthcare Research and Quality and for a national entity to lead and fund research, not about an organ or a disease, but about the health and health care of the whole person.

Taken in its totality, this report further validates NAPCRG as an organization. The report indirectly recognizes the wisdom of NAPCRG's name and traditions of inclusiveness and cooperation across disciplines by acknowledging the interdependence of family medicine, a medical specialty, and primary care, a functional foundation of successful, sustainable health care systems. Also, the report rests in part on ideas and principles persistently advanced by NAPCRG, eg, the development of primary care classification, practice-based research networks, participatory research, behavioral science in frontline practice, and building research capacity.

A careful reading of this report suggests that NAPCRG has been working on the right stuff for quite some time, but that much, much more is needed now from NAPCRG, all the family medicine organizations, and others who support transforming frontline medical practice. NAPCRG is creating a task force to help us suggest proactively strategies on how the recommendations will be accomplished. We're going to need participation far beyond the Board to help accomplish these changes. Watch for future NAPCRG correspondence for ways you can get involved.

Let the games begin!

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Reference

1. Future of Family Medicine Project Leadership Committee. The future of family medicine: a collaborative project of the family medicine community. *Ann Fam Med.* 2004;2(Suppl 1):S3-S32.