Family Medicine Updates

NAPCRG From NAPCRG

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THE CANADIAN/UNITED STATES PRIMARY CARE RESEARCH PARTNERSHIP

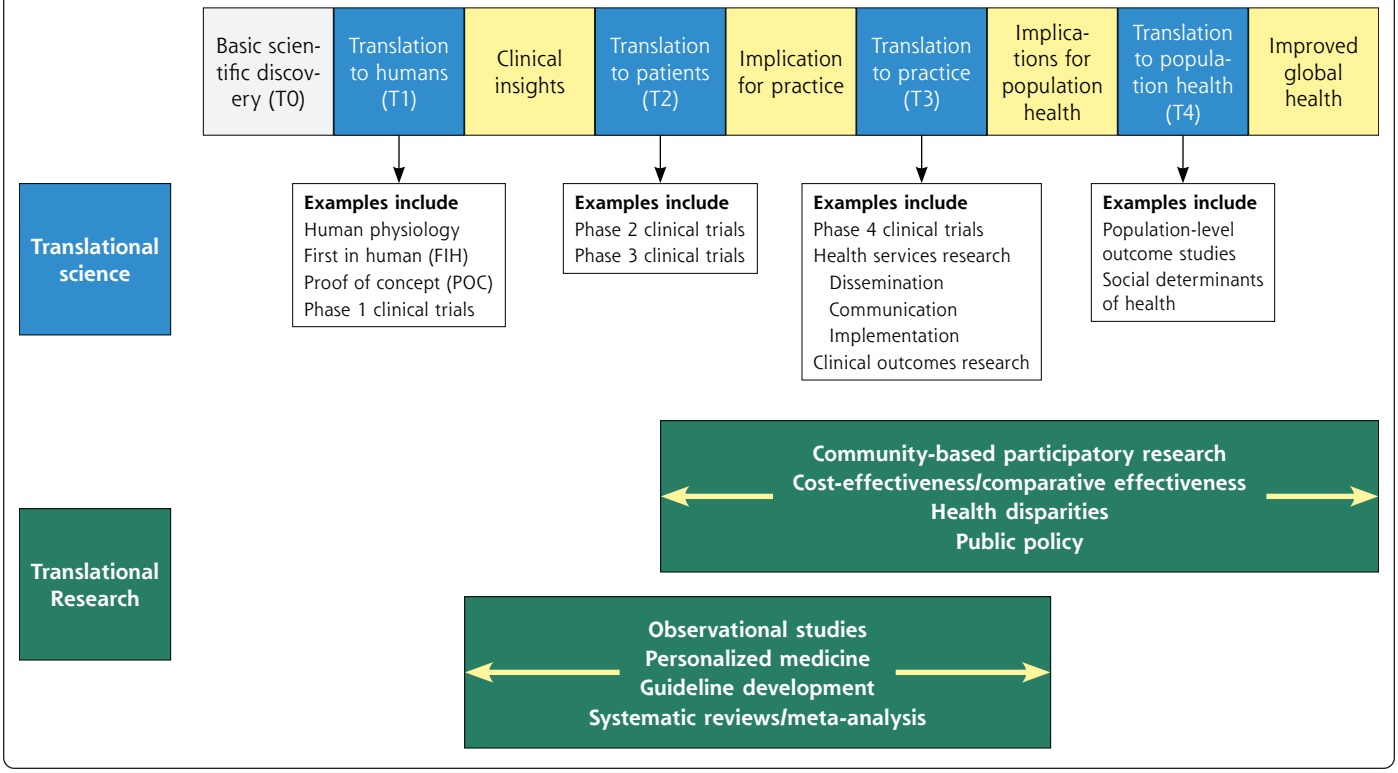
On this, the 50th Anniversary of NAPCRG, we want to extend our thanks to those who have been members of NAPCRG over the past 50 years. Change in an organization that has such longevity is expected. One of the greatest changes that took place was the establishment of patient-partner positions (1 American and 1 Canadian) on the NAPCRG Board which evolved from 1998 Policy Statement endorsing responsible participatory research (PR) with communities.[1,2] During all of the changes over the years, the Americans and the Canadians have worked together in partnership to build a sustainable primary care research environment which included members from numerous health care disciplines and patient-partners/community members.

As Dr Carol Herbert[3] (President of NAPCRG, 1987-1989) indicated in her commentary published in *Canadian Family Physician*, we established NAPCRG to facilitate an Annual Research Meeting at which established primary care researchers could: collaborate with their junior colleagues; provide constructive criticism of completed projects and projects-in-progress; discuss research ideas and offer a "safe place" for primary care researchers to ask questions and present data. She also expected that NAPCRG, a bi-national (US and Canada) organization,[4] would serve as a voice of and for primary care research and potentially as a funder/facilitator for seed funding to support worthwhile projects in the field.

Canada's representation within NAPCRG is somewhat different from that of the United States', as 25% of the membership is Canadian. Despite this, proportionate to the number of family physicians, Canadian membership represents a higher proportion of the research-active workforce than the United States. For this reason, the American Board of Family Medicine (ABFM) is exploring a partnership with NAPCRG to increase the proportion of US family physicians choosing a research career.

Canada was the original partner to bring professionals other than family physicians to the meetings! Epidemiologists, nurses, and social workers engaged in primary care/family medicine research contribute to NAPCRG. Currently, only 30% of the Canadian NAPCRG membership are physician-researchers. The remaining 70% are nonphysician researchers, including those in training and the community

Figure 1. Primary care research sits in the T2-T4 translational spectrum of science and research.[5]



and patient partners. Canada rotates the presidency of NAPCRG with the United States every other year. It has elected nonphysician primary care researchers as often as physician-researchers, a distribution of leadership that the United States has not achieved! Canada supports diversity in primary care research, full stop.

As the spectrum of translational research has gained respect in the United States, the National Institutes of Health created the National Center for Advancing Translational Sciences (NCATS). At the same time, the PCOR Trust Fund established the Patient-Centered Outcomes Research Institute. Both intended to augment primary care research. NCATS comfortably places primary care research in the T2-T4 spectrum of translational science and research (Figure 1). What our Canadian colleagues put into practice 30 years ago became codified in the US research structure in 2011! We learn from each other, our multidisciplinary rigor, and the full perspectives involved in improving global health. NAPCRG has been more robust because of our foundational international partnership.

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AFMRD Association of Family Medicine Residency Directors — From the Association of Family Medicine Residency Directors

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A DESCRIPTION OF THE 2021 AFMRD SALARY SURVEY AND NEXT STEPS

The Association of Family Medicine Residency Directors (AFMRD) biannually conducts a Salary Survey of membership as a member benefit. The survey asks program directors (PDs) to report total taxable annual income for themselves, associate program directors, core faculty, program coordinators/administrators, and behavioral health faculty. Full survey reports are available to AFMRD members online in its PD Toolbox.

Table 1. Program Director Demographics

	Count	Percent
Program sponsor		
Health care system (non–medical school based)	5	3.0
Medical school	114	67.9
FQHC/Teaching health center	34	20.2
Military	9	5.4
Consortium	1	0.6
Other	5	3.0
Gender		
Male	81	48.5
Female	86	51.5
Race		
White	142	85
Black	6	3.6
Asian	12	7.2
Chose not to disclose	7	4.2
Degree		
MD	136	81.4
DO	30	18.0
MBBS	1	0.6

The most recent survey was conducted between September and October of 2021 and circulated to 587 PDs in the United States with 168 (28.6%) responding. Key demographics of PD participants and their programs are listed in Table 1. Additionally, the mean age of PDs was reported 49.9 years and mean total years of PD experience as 6.98 (minimum <1 year, maximum 36 years). Participants were also surveyed as to additional training or certifications, length of practice and scope of practice. The mean, standard deviation, and median annual taxable income per role are summarized in Table 2.

In reviewing results of the 2021 survey, the AFMRD Board of Directors noted a significant difference between male and female PDs with males reporting higher compensation on average ($P = 0.009$) (Table 3).

Increasing attention has been directed toward salary equity among physicians, including in academic medicine, in recent years. Gender appears to be the primary driving confounder in salary inequity at all levels. Among US medical school faculty, women earn $0.72 to $0.96 for every dollar earned by men peers of the same race/ethnicity.[1] Gender inequity also exists amongst internal medicine residency faculty and is most pronounced in subspecialties with procedural components.[2] Even after controlling for subspecialty, as well as academic rank and age, differences in salary by gender persist among internal medicine program directors.[3] At the clinical department chair level in US medical schools, women earn $0.88 for every dollar received by men counterparts.[4]