

Family Medicine Updates



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NEW ADVOCACY AMBASSADORS PROGRAM HELPS AAFP MEMBERS ENGAGE WITH THEIR LEGISLATORS

The AAFP has launched a new Advocacy Ambassadors program that allows members to easily and meaningfully engage with their federal and state lawmakers on key family medicine issues. This new initiative, which evolved from the Academy's Key Contacts program, helps family physician advocates broaden their reach and build relationships.

Bolstered by the Academy, Ambassadors will operate across the full spectrum of advocacy, working toward continuous engagement and involvement in shaping health care policy and improving patient outcomes where they work and live. Details, including a form to join the program, are available at <https://www.aafp.org/advocacy/ambassadors.html>.

The AAFP has outlined its 2025 policy priorities in letters that call for the administration and the 119th Congress to:

- Boost federal investment in primary care by enacting long-term, comprehensive reforms to fee-for-service payment, including Medicare physician payment
- Support promising alternative payment models and continue clearing the path for a transition to value-based payment
- Address the health care consolidation and misaligned incentives that jeopardize patients' access to primary care
- Reduce family physicians' administrative burden by reforming utilization management processes and better leveraging the potential of artificial intelligence, among other actions
- Increase and sustain the primary care workforce, with particular focus on robust funding for the Teaching Health Center Graduate Medical Education Program, the National Health Service Corps, and any other programs that help to recruit, train, and retain primary care physicians
- Promote strong public health by ensuring that all Americans have access to high-quality primary care, including all recommended vaccines for patients of all ages

This work to strengthen family medicine practices and improve community health nationwide is just one pillar of the Academy's advocacy. Beyond this federal advocacy, the AAFP's policy portfolio includes state advocacy, chapter advocacy, and private-payer advocacy.

These interwoven efforts are complex, as are the issues at play and the strategies employed to bring about change. But they're all rooted in a simple aim: amplifying the needs and

interests of members and their patients. And the AAFP also has increased the organization's influence with federal and state policymakers, as well as with public and private payers.

Thanks in large part to the Academy's leadership over many years, these entities understand that primary care is central to the nation's health. Adding member voices to this advocacy demonstrates that these efforts are rooted in family physicians' deep expertise and experience, and in the roots they have put down in their communities.

— AAFP News



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STFM ANNOUNCES NEW POINT OF CARE ULTRASOUND TASK FORCE AND INITIATIVE ON POCUS FAMILY MEDICINE EDUCATION

Point of Care Ultrasound (POCUS) has been shown to have a positive impact on patient care.¹ As the demand for and use of POCUS in clinical practice grows, so does the need for training in graduate medical education.² The ACGME Family Medicine Program Requirements that went into effect in July 2024 require programs to ensure residents gain experience using POCUS in clinical care.³ The rapid rise of POCUS has resulted in an environment where there is very little standardization in curriculum and competency assessment, and few faculty members have the necessary skills and resources to teach it to family medicine residents.⁴

Recognizing this gap, the Society of Teachers of Family Medicine (STFM) developed a multi-year initiative to develop and implement a competency-based, standardized curriculum for POCUS training. Project FOCUS: Finding Consensus for POCUS Standards in Family Medicine Education and Competency Based Assessment is a 3-year initiative supported by the American Board of Family Medicine and implemented by a 12-member Task Force with expertise in POCUS education in family medicine in diverse settings across the country.

The objectives of Project FOCUS include:

- Develop a consensus on POCUS competencies and curriculum for family medicine residency training
- Create a vision and plan for competency-based assessments for POCUS education
- Aligning the specialty of family medicine to push POCUS education forward

The Task Force will achieve these objectives by building consensus on competencies using Delphi and other consensus

building methodology; hosting a Family Medicine Education POCUS Summit; developing and piloting curriculum and assessment tools; collaborating within family medicine and other specialties; and evaluating curriculum effectiveness, faculty confidence, and resident competency.

The Task Force looks forward to collaboration within family medicine to strengthen POCUS training in residencies. There will be opportunities to provide input on curriculum and assessment resources during the pilot phase of the initiative, as well as disseminating final tools after the pilot. Implementation of the curriculum will be important to ensure family medicine educators have the POCUS teaching expertise needed to train all family medicine residents in these important clinical diagnostic skills. If your residency program is interested in piloting curriculum and assessment tools or you would like to provide any input, please contact Ryan Paulus (ryan_paulus@med.unc.edu) or April Davies (adavies@stfm.org).

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For additional information on STFM's POCUS activities, visit <https://www.stfm.org/about/keyinitiatives/pocus/>

Project FOCUS Task Force Members: Ryan Paulus, DO, University of North Carolina, Task Force Chair; Juana Nicoll Capizzano, MD, University of Michigan, Curriculum Workgroup Lead; Puja Dalal, MD, Novant Health, Summit Workgroup Lead; Nicholas LeFevre, MD, MS, University of Missouri, Research Workgroup Lead; Hiten Patel, MD, The Ohio State University, Competency Assessment Workgroup Lead; William Hui, MD, Stanford University; Natalie Nguyen, DO, Kaiser Permanente; Anthony Recidoro, DO, Naval Hospital Jacksonville; Varshaben Songara, MD, Harnett Health; Joy Shen-Wagner, MD, University of South Carolina; Johnny Tenegra, MD, Southern Illinois University; Ryan Trantham, MD, Waco Family Medicine

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SUPPORT FOR THE WHO RESOLUTION ON SOCIAL PARTICIPATION

The North American Primary Care Research Group (NAPCRG) is dedicated to advancing the World Health Organization's (WHO) Resolution on Social Participation for Universal Health Coverage, Health, and Well-Being. This groundbreaking resolution, approved by the WHO on June 1, 2024, emphasizes how essential it is to involve individuals, families, and communities in shaping health decisions—something NAPCRG has championed for years. At NAPCRG, we're all about nurturing researchers and advancing people-centered, equitable health care. The WHO resolution reinforces why our work matters and why we must continue amplifying the voices of underrepresented and marginalized groups in health research. It's a call to action for us to keep pushing forward.

This reflects our ongoing commitment to participatory research, promoting health equity, and building strong collaborative networks. These aren't new ideas for us—they're woven into the fabric of NAPCRG. But this resolution gives us a renewed opportunity to align our efforts with a global movement toward universal health coverage. Recently, NAPCRG drafted a statement of support for the resolution. The NAPCRG Board of Directors approved the statement of support on February 7, 2025 and it can be found at the following link: <https://napcr.org/aboutus/bylawspolicies/statements/>.

Considering this resolution, NAPCRG reaffirms its dedication to the following goals:

Advancing Participatory Research

We will continue to support research methodologies that actively engage women and all those in vulnerable and/or marginalized situations (eg, persons with disabilities and Indigenous peoples) as active core participants, ensuring that their insights and experiences inform person-centered health care practices and policies.

Promoting Health Equity

Our initiatives will focus on reducing health disparities by engaging the whole of society including: not-for-profit, non-governmental, or charitable organizations, local communities, patients, health care clinicians and care workers in the health sector, youth and volunteers in the research process, thereby ensuring that health interventions are co-created and accessible so that they are developed with cultural humility, gender equity, and spiritual humility.