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AAFP'S NEW PHYSICIAN WORKFORCE REPORT REPRESENTS 'BLUEPRINT FOR CHANGE'

Report Addresses Planning, Distribution, Graduate Medical Education Funding Needs

The AAFP has sounded a clarion call in a new physician workforce reform report that recommends comprehensive changes in national workforce planning; specialty distribution; graduate medical education (GME) funding; and medical education policy to secure a family physician and primary care workforce that meets the country's burgeoning needs.

The 2009 report, *Family Physician Workforce Reform: Recommendations of the American Academy of Family Physicians*, which was released September 29, says that at least 30% of ambulatory patient care in the United States will need to be provided by family physicians to ensure health care access for all Americans, meet the needs of underserved populations, and meet the demands for health care services posed by an aging population.

To accomplish these goals, the report states, tens of thousands more family physicians will be needed by 2020.

"A critical issue central to the AAFP's current recommendations is the identification of the family physician as the provider of choice for primary care services for Americans," says the report.

AAFP President Ted Epperly, MD, of Boise, Idaho, had high praise for the report. "It's accurate, timely, valuable and extremely important," he said. "And it's dead-on accurate about what needs to be done to reform graduate medical education, especially the training of FPs."

Perry Pugno, MD, MPH, director of the AAFP Division of Medical Education, said the document comes at a crucial time—just as intense discussions of health care reform and the role of family medicine and primary care in the health care system are ramping up.

The Academy "is being presented with a unique opportunity to revolutionize the clearly unsustainable US health care system," said Pugno. "If successful, this will result in the biggest change in US health care in the past 100 years. "The new Academy workforce document represents a blueprint for change on multiple levels."

Epperly, a frequent and vocal advocate on the need for change in the way medical schools educate students, said the workforce reform report targets some of the problems that plague the family medicine and primary care pipelines.

"If medical schools produce the same workforce in the same proportions—that's part of the distribution problem, it's not part of the solution," Epperly said. Medical students, he emphasized, should be actively encouraged to enter primary care specialties.

Recommendations in the Academy's report tackle numerous aspects of workforce reform, calling for:

- the establishment of a national commission that will address national health workforce issues, start a workforce database and develop a strategic plan to align GME policy with the country's needs
- the establishment of a public-private entity to allocate funding for GME positions in accordance with the commission's priorities
- the creation of a 10-year national plan that targets 50% of the total number of US physicians to practice in true primary care specialties—family medicine, general pediatrics, and general internal medicine
- increased funding for Title VII, Section 747, of the Public Health Service Act to support family medicine departments, as well as the implementation of new physician payment models to remedy the income gap between primary care physicians and physicians practicing in other specialties
- medical school expansion that targets primary care rural and underserved practice, as well as the encouragement of efforts by schools to develop admissions policies that identify students most likely to pursue primary care careers and, as schools expand their class sizes, to designate a portion of the new slots to students who plan to choose family medicine or other primary care careers
- the AAFP to continue to develop and implement the patient-centered medical home, as defined by the Joint Principles of the Patient-Centered Medical Home, in FPs' practices and in family medicine residency programs
- the development of a Senior National Health Service Corps as a way to retain existing senior physicians and redeploy them to areas of need
- expansion of Title VII funding to encourage improved geriatric training and care through support of academic departments of geriatrics and geriatric fellowship programs, with the end goal of incorporating geriatric medicine throughout the training of all adult primary care health professionals

Amy McGaha, MD, assistant director of the AAFP Division of Medical Education, who had a leading role in developing the report, said that the recommendations are a critical step to help balance physician workforce needs.

"It is painfully clear that the country is moving in the wrong direction on all fronts—in the number of students choosing (family medicine and other primary care specialties), in supporting the kind of training needed, and in supporting physicians in practice in delivering the care that is needed," she said. "Our first order of business must be to reverse these trends."

Current AAFP policy states that the Academy should regularly assess and report on the family physician workforce. This most recent update comes at a particularly critical time, the report notes, because of the national discussion about health care delivery, physician practices, and patient access.

"These changes require a workforce policy with greater specificity in its recommendations and present an opportunity to positively impact both national and state health policy," says the report. "Addressing the national health workforce is a recognition of health care as a public good and (an acknowledgement) that maintaining a sufficient number of well-trained and appropriately deployed family physicians is in the public's best interest."

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AAFP News Now



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ABFM AND ABIM TO JOINTLY PARTICIPATE IN RECOGNITION OF FOCUSED PRACTICE (RFP) IN HOSPITAL MEDICINE PILOT APPROVED BY ABMS

The American Board of Family Medicine (ABFM) is joining forces with the American Board of Internal Medicine (ABIM) in establishing a pilot program for Recognition of Focused Practice (RFP) in hospital medicine. This pilot was approved by the American Board of Medical Specialties (ABMS) Board of Directors on September 23, 2009.

Recognition of Focused Practice (RFP) in hospital medicine will utilize the current maintenance of certi-

fication framework and would be the first customized maintenance of certification (MOC) pathway that draws heavily on practice-based learning as its foundation. The pilot would engage hospitalists in uniquely designed Part II, Part III, and Part IV tools that will be developed by the ABFM and ABIM.

Recent statistics indicate rapid growth and development in the field of hospital medicine, with about 20,000 hospitalists in the United States. "Given the significant number of family physicians working exclusively in the hospital setting, our board of directors felt it important to participate fully in this pilot with the ABIM," said James C. Puffer, MD, President and CEO of the ABFM. "We envision working together closely to develop the special tools used by our diplomates in this customized MOC pathway."

In order to attain hospital medicine recognition, ABFM Diplomates must complete residency training in family medicine, be certified in family medicine, and participate in a practice that focuses primarily on hospital medicine for a minimum of 3 years. Diplomates interested in pursuing RFP may apply to the program in 2010. Approval for the program requires an attestation by the Diplomate and a senior hospital officer that the Diplomate meets thresholds for family medicine practice in the hospital setting and professional commitment to hospital medicine.

Program requirements for ABFM Recognition of Focused Practice in Hospital Medicine will include the following:

- Certification by the American Board of Family Medicine (ABFM)—Diplomates must be in good standing and must maintain their primary certification in family medicine by the ABFM
- Currently valid, full, and unrestricted license to practice medicine in the United States or Canada
- ACLS certification
- Minimum of 3 years of hospital medicine experience
- Attestation by the Diplomate and a senior hospital officer that the Diplomate meets thresholds for family medicine practice in the hospital setting and professional commitment to hospital medicine
- Maintenance of certification activity comprised of self-assessment of medical knowledge and practice performance relevant to hospital medicine
- Passing an ABFM MOC examination in hospital medicine

Completion of the program would identify Diplomates as certified in family medicine with focused practice in hospital medicine. The pilot program will begin in the fall of 2010.

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