In this section you will find information on:
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- FMIG Network Description and Organization
What is the AAFP?

The American Academy of Family Physicians is the national association of family doctors. It is one of the largest national medical organizations, with more than 100,300 members in 50 states, D.C., Puerto Rico, the Virgin Islands, and Guam. Until October 3, 1971, it was known as the American Academy of General Practice. The name was changed in order to reflect more accurately the changing nature of primary health care.

The Academy was founded in 1947 to promote and maintain high quality standards for family doctors who are providing continuing comprehensive health care to the public. Other major purposes of the Academy include:

- To provide responsible advocacy for and education of patients and the public in all health-related matters;
- To preserve and promote quality cost-effective health care;
- To promote the science and art of family medicine and to ensure an optimal supply of well-trained family physicians;
- To promote and maintain high standards among physicians who practice family medicine;
- To preserve the right of family physicians to engage in medical and surgical procedures for which they are qualified by training and experience;
- To provide advocacy, representation and leadership for the specialty of family medicine;
- To maintain and provide an organization with high standards to fulfill the above purposes and to represent the needs of its members.

Realizing that the family doctor’s effectiveness depends on sound, up-to-date continuing education, the founders wrote into the Bylaws the requirement that members in the Active membership category must complete a minimum of 150 hours of approved continuing education every three years to retain membership. This requirement may be met through continuing education programs, publication or presentation of original scientific papers, medical school or postgraduate teaching, residency training, etc. Accurate and current records are kept to ensure that individual requirements are met; if they are not, the member is dropped from the rolls. The requirement, unique at its time of origin, has, through the years, become a standard for an increasing number of other medical groups.
The Academy is governed by a Congress of Delegates composed of two delegates from each of the 55 constituent chapters, as well as from resident and student groups, new physicians, and the special constituencies (women, minorities, international medical graduates, and GLBTs). The Congress meets annually immediately prior to the Academy's Scientific Assembly and has sole power to establish policies and define principles. These policies and programs are carried out between annual meetings by the Board of Directors and a number of standing and special commissions and committees. Delegates to the Congress of Delegates elect the Board, which in turn appoints commission and committee members. Constituent chapters are similarly organized.

The Scientific Assembly is the Academy's largest meeting for continuing education, drawing more than 17,000 physicians and visitors.

The Academy was instrumental in the establishment of family medicine, a derivative of classical general practice, as medicine's 20th primary specialty. The AMA's Council on Medical Education and the independent American Board of Medical Specialties granted approval to a certifying board in family medicine, the basic structural requisite of a medical specialty, on February 8, 1969. Examinations have been given annually since 1970, and recertification examinations annually since 1976.

The Academy maintains a national headquarters in Leawood, Kansas. It publishes a clinical journal for physicians in primary care entitled American Family Physician, with a circulation of 156,000; AAFP News Now, an all-member news and features publication available online, via e-mail and by mail; and Family Practice Management, a publication on practice management and socioeconomic issues.
AAFP Mission and Strategic Plan

Values:
The AAFP and its members are committed to care that is...

- Equitable for all people;
- Centered on the whole person within the context of family and community;
- Based on science, technology, and best available evidence;
- Supported by lifelong professional learning; and
- Grounded in respect and compassion for the individual.

Vision:
The AAFP’s vision is to transform health care to achieve optimal health for everyone.

Mission:
The mission of the AAFP is to improve the health of patients, families, and communities by serving the needs of members with professionalism and creativity.

Strategic Objectives:

Objective 1: Advocacy - Shape health care policy through interactions with government, the public, business, and the health care industry

Objective 2: Practice Enhancement - Enhance members' abilities to fulfill their practice and career goals while maintaining balance in their personal and professional lives.

Objective 3: Education - Promote high-quality, innovative education for physicians, residents, and medical students that encompasses the art, science, evidence, and socioeconomics of family medicine.

Objective 4: Health of the Public - Assume a leadership role in health promotion, disease prevention, and chronic disease management.
What is the FMIG Network?

- The FMIG Network was established in 1995 as a way to enhance communication and the exchange of best practices among FMIG student and faculty leaders across the country.

- The FMIG Network is led by one elected National Coordinator and four appointed Regional Coordinators. They serve as conduits of information from the national and state AAFP offices to the campus FMIGs and often take on a role as consultants to these groups.

FMIG Network Mission Statement

- Encourage active learning and promotion of family medicine.

- Improve communication between AAFP and campus FMIGs.

- Serve as credible resource for FMIGs for programming, family physician resources, fundraising and FMIG administration.

- Foster positive leadership skills and behaviors in FMIG student and faculty leaders.
How is the FMIG Network Structured?

Commission on Education (COE)

Subcommittee on Resident and Student Issues (SRSI)

FMIG National Coordinator

The FMIG National Coordinator’s duties include a variety of tasks:
- Strengthen FMIGs on the local, state and national level
- Act as a resource for the RCs
- Assist AAFP staff in coordinating FMIG activities at the National Conference of FM Residents & Students and other events

This position is elected at the National Conference in Kansas City, MO. The term begins at the end of the conference and continues until the next year’s conference.

The National Coordinator serves on COE, SRSI and other subcommittee(s) as appointed, and prepares regular reports on the status of the FMIG Network to the COE.

FMIG Regional Coordinators (RCs)

RCs represent the specialty and the AAFP by providing counsel to local FMIG leaders, faculty advisors and others involved in advocating for FM through FMIGs. Their term starts in January and ends in December.

Local FMIG Student Leaders and Faculty