



Departments of Family Medicine

In departmentalized hospitals, family physicians may have their own department, be subsumed as members of a larger department (e.g., medicine), or be represented within a larger department through a division of family medicine. The American Academy of Family Physicians (AAFP) has been a long-standing advocate for the establishment of clinical departments of family medicine in departmentalized hospitals. Such departments benefit hospitals, communities, patients, and family physicians.

Benefits of a Department of Family Medicine

Family medicine departments provide the following benefits:

- Ensure family medicine representation on the medical staff executive committee, which is made up of department chairs
- Defend the scope of family medicine within the hospital by recommending criteria for the granting of specific clinical privileges
- Work to ensure that family physicians have an opportunity to obtain privileges for which they are trained and qualified
- Provide a forum for family physicians to discuss issues of common interest and concern and to mobilize collective action
- Assist individual family physicians in the resolution of conflicts that may arise with other specialists, management, or the board
- Provide or sponsor continuing medical education (CME) for family physicians and encourage development of CME specifically designed to meet the needs of department members
- Support family medicine house staff residents who rotate through the hospital from external educational institutions or from an internal residency program
- Promote effective communication between department members and the medical staff executive committee, other clinical departments, hospital administration, nursing, and the board
- Foster supportive networking among family physicians through various social events
- Serve as a pipeline for the creation of sound clinical practice guidelines and protocols
- Support the performance improvement activities of the medical staff and hospital

Steps for Establishing a Clinical Department of Family Medicine

1. Discuss the formation of a clinical department of family medicine with all family physicians on the medical staff. The enthusiastic support of a majority of these physicians is essential.
2. Discuss the possibility with other members of the medical staff to enlist their support. Such support is crucial since it may be necessary to change the medical staff bylaws to establish a new department.
3. Read the AAFP's [*Protocol for Establishing a Department of Family Medicine*](#)
4. Review the hospital and medical staff bylaws that pertain to clinical departments within the hospital

5. Develop a set of rules and regulations for the new family medicine department, if doing so is consistent with the medical staff bylaws (Note: In some hospitals, the term “policies and procedures” is used to describe department rules and regulations.)
6. Prepare a logical, objective position paper explaining the reasons why the hospital should establish or upgrade a family medicine department
7. If the medical staff executive committee approves the establishment of a family medicine department, submit the proposal to the entire medical staff and to the governing body for approval.

It is important to note that a family medicine department is required to have a chair and to fulfill the duties required by accrediting bodies such as The Joint Commission. If the family medicine community at a hospital does not wish to be obligated to meet The Joint Commission's requirements, it should consider reconstituting as a clinical service and preserving only those organizational functions that are considered valuable. However, doing so may result in a loss of power and influence within the hospital setting.

Criteria for Membership in a Department of Family Medicine

Each family medicine department is responsible for establishing its own criteria for membership. Such criteria should be stated in the department's rules and regulations.

Most family medicine departments are open to both allopathic physicians (MDs) and osteopathic physicians (DOs). A common consideration is whether the department will only be open to physicians who are board certified in family medicine. In some cases, an exception is made to accommodate physicians who have training equivalent to that required for board certification.

When an applicant first applies for membership on the medical staff, his or her qualifications are subjected to scrutiny by the medical staff credentialing committee. If a hospital is departmentalized, the credentialing committee then passes the qualifications to the appropriate department. These data help the department verify the physician's education, training, experience, and references. Additional information may be requested to help the department determine the appropriateness of the applicant's membership in the department and assess the applicant's qualifications for privileges.

The AAFP has studied criteria for family medicine department membership and developed the following guidelines:

1. The applicant shall meet the requirements for medical staff membership, as outlined in the medical staff bylaws.
2. The applicant shall meet at least one of the following criteria:
 - a. Current board certification by the American Board of Family Medicine (ABFM)
 - b. Successful completion of an Accreditation Council for Graduate Medical Education (ACGME)-approved family medicine residency program or a three-year American Osteopathic Association (AOA)-approved postgraduate family medicine residency program
 - c. Maintenance of eligibility requirements for active membership in the AAFP