



## **Organizational Update - Working Party – August 2018**

The Association of Family Medicine Residency Directors continues to operationalize its strategic plan, several new initiatives, and ongoing projects -- all based on the organization's mission and current environmental needs.

The 2017-2019 Strategic Plan is focused in five areas: Professional Development and Education; Residency Program Quality Improvement; Advocacy and Collaboration; Communications; and Infrastructure.

### **Program Director Development**

- ◆ The National Institute for Program Director Development (NIPDD) Academic Council completed its 26<sup>th</sup> year of the NIPDD program in March. 60 Graduates completed the required elements including three required projects: a financial spreadsheet including the revenue, GME funding, and expenses for the residency and practice; an academic project; and an annual program report using financial data and other benchmarks to demonstrate the state of the residency. The NIPDD Academic Council members are Alan Douglass, Blake Fagan, Grant Hoekzema, Shannon Pittman Moore, Steve Ratcliffe, Amy Stevens, Karen Weaver, and Raj Woolever. Clark Denniston continues to serve as Academic Council Chair. 2018-19 NIPDD registration opened on July 10. Programming will be held in September 2018 and January and April of 2019.
- ◆ The Program Director Recognition Awards program consists of three levels (bronze, silver and gold) based on completion of increasingly substantial accomplishments in each category. 12 program directors were nominated and received awards in 2018.

### **Residency Program Quality Improvement**

- ◆ We did not see an increase in the response for last year's Residency Performance Index (RPI). We have some concern that the survey is becoming redundant considering that much of the data is being collected by other entities. The AFMRD will be reevaluating this offering.
- ◆ The Family Medicine Residency Curriculum Resource, a joint project of STFM and AFMRD, continues to have steady sales and an 80% renewal rate. Currently we have 179 subscribers. The content includes 171 topics, with more in development. We restructured the editorial staff to reduce its size and improve consistency in the product.
- ◆ Following discussions at the August 2017 Working Party meeting, AFMRD formed a collaborative with the UCSF Center for Excellence in Primary Care (CEPC). The collaborative consists of 18 volunteer family medicine residency programs. The Clinic First collaborative

kicked off in February 2018 with a one and a half day long face-to-face meeting to be followed by 6-8 interactive Webinars during which CEPC will present strategies and implementation principles for the Building Blocks for High Performing Teaching Clinics.

- ❖ The response to the National Resident Graduate Survey exceeded last year's response. Reports were distributed to residency programs in early 2018. The Graduate Survey Task Force, led by AFMRD Treasurer, Steve Brown, will continue to seek feedback from program directors and work with the ABFM to annually monitor the performance of the survey, the usefulness of the data for residencies, and to determine if any changes are needed in the questions. There are efforts by CERA and others to engage in research with the ABFM, using the graduate survey data. Some of the data in the survey that relates to scope of practice is causing some concern among family medicine organizations.
- ❖ Karen Mitchell continues to serve on the Length of Training Pilot Steering Committee as the AFMRD representative.
- ❖ The Program Director Toolbox Committee is in the process of updating and reorganizing all resources available in the Toolbox.

### **Advocacy and Collaboration**

- ❖ The AFMRD again sponsored 10 scholarships for residents to attend the 2018 AAFP Family Medicine Advocacy Summit. New this year, AFMRD also sponsored 3 scholarships for AFMRD members (program directors and/or associate program directors) to attend.
- ❖ Michael Tuggy continues to serve as the AFMRD's representative on the Family Medicine for America's Health Board and is a member of the Workforce Tactic Team.
- ❖ The AFMRD continues to support Hope Wittenberg's position and her work on behalf of CAFM and its members.
- ❖ The AFMRD is represented by the following liaisons: AAFP Commission on Education (Sherri Morgan); AAFP Congress of Delegates (Fred Miser); *Annals of Family Medicine* Board of Directors (Robert Langan); Center for History of Family Medicine (Kelly Ussery-Kronhaus); CAFM Education Research Alliance (Wendy Barr); PDW and RPS Residency Education Symposium Planning Committee (Fred Miser); Academic Family Medicine Advocacy Committee (James Jarvis, Fred Miser and Gretchen Irwin-), *Building Research Capacity Steering Committee* (Sherri Morgan); *Organization of Program Directors Association* (Deborah Clements); *Association of Departments of Family Medicine* (Fred Miser)
- ❖ Deborah Clements will be the AFMRD representative to the Milestones 2.0 project.
- ❖ The EPA Task Force surveyed members regarding use of EPAs in residency programs. Survey results were shared with FMAHealth. AFMRD will keep scope of practice for family physicians a topic of discussion as we carry out our mission and operationalize our strategic plan.

## Communications

- ◆ The AFMRD Board of Directors continues to contribute articles on important and timely subjects to each issue of the *Annals of Family Medicine*.
- ◆ We continue to develop our online communities, however, the AFMRD member discussion forum remains the most active and robust community.

## Infrastructure

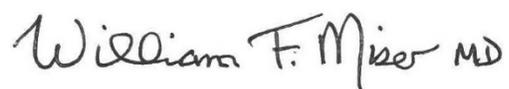
- ◆ As the number of accredited programs increases, AFMRD has seen an increase in membership. We will continue to focus on supporting new and developing programs through our programming and resources.

In March of 2018 Deanne St. George assumed the role of AFMRD Executive Director succeeding Vickie Greenwood as she retired. Deanne is an AAFP employee, her position includes 50% AAFP GME department manager and 50% Executive Director for AFMRD.

## Works in Progress

In the Spring of 2018 AFMRD facilitated a waiver request to the ABFM on behalf of 25 family medicine residency programs. The request was to waive to the requirement that residents be scheduled to see patients in the FMP site for a minimum of 40 weeks during each year of training. The ABFM approved the request providing an opportunity for the 25 programs to develop FMP scheduling innovations. The innovations may limit the number of weeks scheduled in the FMP, but not the total number of patients scheduled. Programs must maintain accreditation in good standing and are required to report the following outcome measures 1) FMP visit per resident per year, 2) FMP sessions per resident per year, 3) continuity of care 4) resident satisfaction 5) patient satisfaction. Participating programs may innovate for a 5-year pilot period with reporting requirements at 3-years and at completion of the pilot. An AFMRD Task Force has convened to define measurement and reporting standards. This initiative has been named Family Medicine National Innovations in Continuity Clinic Innovations (FM-NICCE).

Respectfully submitted,



Fred Miser, MD  
AFMRD President