Future Training of Family Physicians

AFMRD Listening Tour Report

November 18, 2020

Purpose & Methodology

Research findings from this report will help guide the AFMRD strategy in the discussion of the training programs for family physicians in 2040.

This research effort specifically addressed the following questions:

1

How does standardization vs. innovation within the requirements impact residency director's ability to use the requirements to run their program?

2

What is the depth and breadth of comprehensiveness? What should we teach? Who should teach it?

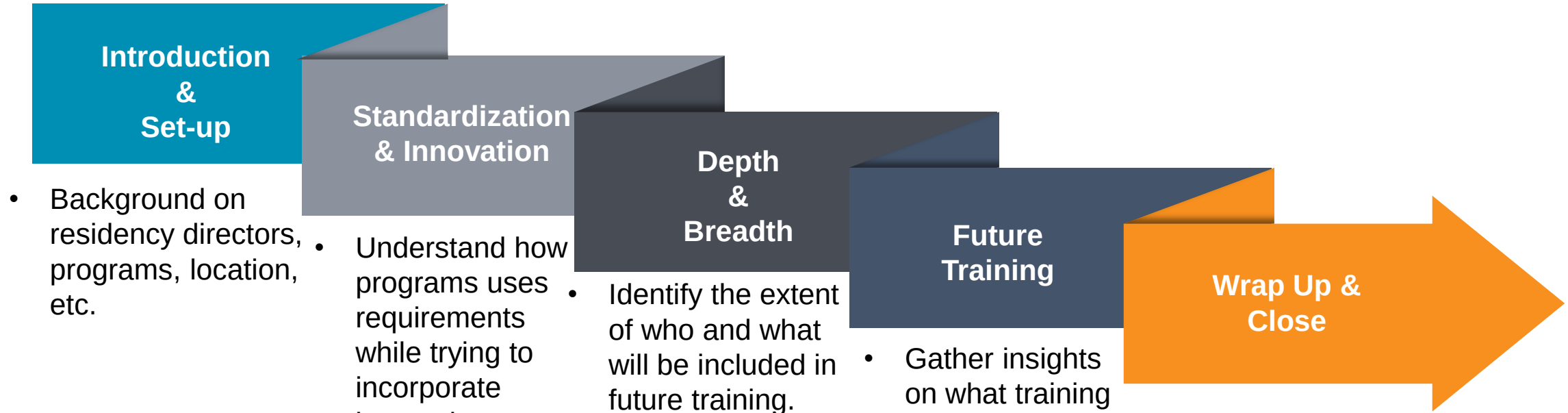
3

What does society need from the family physician in 2040?

Methodology

- The method used for this research project was a qualitative approach, specifically focus groups with AFMRD members.
- To allow for deep dives into beliefs and attitudes, three focus group discussions were conducted from October 20 to October 22, 2020.
- AFMRD members were screened to ensure:
  - Mix of number of residents in the program
  - Mix of residency directors' length of time in their current role
  - Mix of locations - urban, rural, or suburban
  - Mix of types of programs - community-based or university-based
  - At least two coordinators per group
- A total of 24 participants participated in one of the three focus group discussions.

Discussions started with understanding of participants' residency programs followed by perceptions of training programs in 2040.



- Background on residency directors, programs, location, etc.
- Understand how programs uses requirements while trying to incorporate innovation.
- Identify the extent of who and what will be included in future training.
- Gather insights on what training of family physicians will look in 2040.
- Final thoughts and questions

Key Findings

The term flexibility surfaced the most during the discussion of how standardization versus innovation impact the members ability to use program requirements to run their program. Most members see the importance of having the requirements mainly as the foundation of continuity among programs but at the same time, they want the flexibility to be innovative when needed.

"So I don't think it's about the requirements themselves, I think it's more about how you achieve those requirements, the flexibility of being able to have things work out… the goal is to achieve competence, the pathway to competence as designed, the milestones are really helpful but the pathway to that competence should be, if the flexibility was there.. it would be easier for more programs to achieve those requirements."

"I think we do need requirements regarding a standard, but you have the flexibility for programs to innovate, otherwise we become stagnant and irrelevant. And in every changing healthcare landscape that we live in and different environments that our graduates are going to, we have to be able to evolve."

"Because the resources we have in each individual community are so different and they shift over time, so we need to be given that flexibility to take advantage of our strengths and not be punished for our weaknesses, especially when it comes to personnel."

"I think requirements are very important because they provide a floor which ensures that every graduate of every program in the country is leaving with the same basic skill set… I feel very strongly that there needs to be room to grow and to change, to move above or beyond basic requirements because without that we don't have the opportunity as a discipline to try new things."

When members were asked their perceptions of the depth and breadth of the comprehensiveness of what training programs will look like in 2040, the two topics that were cited the most include: 1) the exposure to additional non-clinical and clinical professionals that will make-up the health care team and 2) the diversity of the scope of practice (see next slide).

1 Health Care Team & Faculty

- Several members cited in the future physicians will be required to work with a more diverse team than currently.
- Thus, many echoed the need for residents to be exposed to these different roles during residency, so they understand what these roles do, and how to work with them as a physician. Having this experience will provide the resident significant benefit when they work in the community.

"I'm thinking more about the way that we construct teams in training. It needs to mirror what happens in the community… a dynamic in our specialty where people are unhappy about NPs and instead, we should say, no, no, give me your NPs and let's work together to provide the care that's right for our patients so I can see more faculty development in the future which raise the level of care for the whole community."

"In 2040, I see the faculty being mainly family docs but I do believe we need to include other team players from the community such as psychiatrists, pharmacists, social workers, and physical therapists to meet the needs of the community."

2 Scope of Practice

- Most members believe that training in 2040 should provide what makes family medicine unique - broad scope of care.
- However, at the same time, many feel residents will need additional exposure to other types of out-patient practice settings to help them be more adaptable and leaders in the community in the future.

"Residents don't know where they're going to end up and so I think it's best for them to at least have some exposure to things that they might think they don't need because they're not going to know what they're going to need once they get out. They might end up someplace where they're going to need to have a skill and to have had that experience is going to be invaluable to them."

"Have more than 4-year options and have more types of fellowship options. In particular, maybe a fellowship for someone who really wants to practice more on their own right after residency. Maybe develop fellowships for people who are really going to be without a support system."

"I think the future of family medicine and the way to make ourselves unique or continue to be unique is to make sure we have the ability to know that we can change and adapt to our environment."

"I think having more robust training and being able to establish ourselves as leaders in certain areas in community, I think would help our position as well."

When discussing how members envisioned training family physicians in 2040, four themes surfaced: tracks will be available so residents can focus on topics/practice settings of their interest, developing leadership skills will be a priority, personalized healthcare technology will be the norm and not the exception (e.g., artificial intelligence, remote patient monitoring, telemedicine, etc.), and different payment mix or payment models (e.g., universal health care, private, and public payers).

Tracks

"I see family medicine moving toward a first year that is a really intense, almost like a transitional year, family medicine transitional year and the second two years being tracks. I could see the residents doing different tracks, whether it's a rural track or whether it's heavy OB. That's where I see family medicine moving toward."

"I think there is a place for tracks that offer additional experience to allow family doctors who wish to do deliveries after they graduate because you can't get privileges on 40 deliveries, but I believe there needs to be a fundamental floor of experience for every resident before they graduate."

Leadership

"I really see the family physician of the future doing a lot in the area of leadership overseeing a large group of healthcare people, especially in an urban area, which includes nurse practitioners, PAs, etc., etc., etc. So leadership skills I think are something that we really need to focus on moving forward."

"We will need in the future to stay leaders in medicine. I feel like figuring out a way to integrate that a little bit more concretely, I guess, is what I'm thinking. Like I said before, the ability to teach the adaptability."

Technology

"Telemedicine, it's not going anywhere. We just need to figure out how to make it work for us and I think having our future family docs competent with the knowledge base to adapt when it comes to technology, I think is something that will be essential, even for their survival. When you talk about point of care ultrasound training and all these things that are available now, that's tech and if we don't adapt to what's happening around us, we'll be left behind."

"I see in 20 years from now, a concentration in the use of technology. I think a lot of us are starting to incorporate ultrasound into our practices, into our training programs but the other technology that we're going to need to use such as AI and wearables will be the standard."

Public & Private Payers

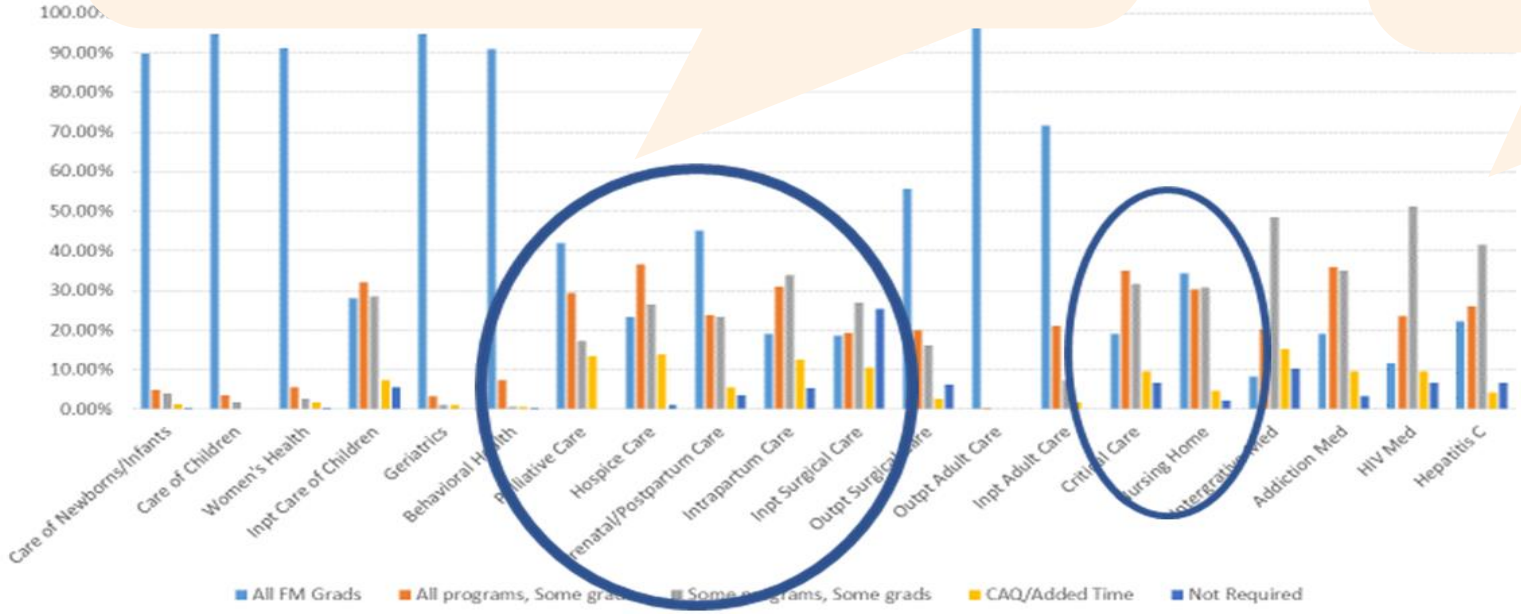
"What I'm hoping and what I think is going to happen is, we are going to get to more of a universal healthcare. I really do see the focus shifting to more population-based model and I think that family doctors are going to be responsible for much, much larger panels of patients in 20 years. How does residency training change to allow me as a family doctor to do that effectively? -- population health, oversight, managing the most difficult patients in your population, health system science is really…"

"I am thinking there will be more attention on payment models in the curriculum because I think it will get more complex especially by 2040. "

When asked their perceptions on variance of the findings from the AFMRD's Membership Opinions of Training study on topic of future training requirements meeting the needs of communities, members believed the variance had to do with the lack of resources (trained faculty and funds) and the location of the residency program.

"Maybe it has to do with programs already having fellowships set up and it's easy for them to go ahead and provide that training, whereas other programs, if they don't have resources or even have a palliative care service set up in their health system, it's going to be that much more difficult for them to imagine that being a core requirement in a program."

"I think this may be an urban versus rural issue. If you're in a less resourced area, you're more likely to be trained to a broader set of skills than if you're in a very well-resourced area where there are already people who take care of the critical care unit and take care of the prenatal care and take care of the hospice care."



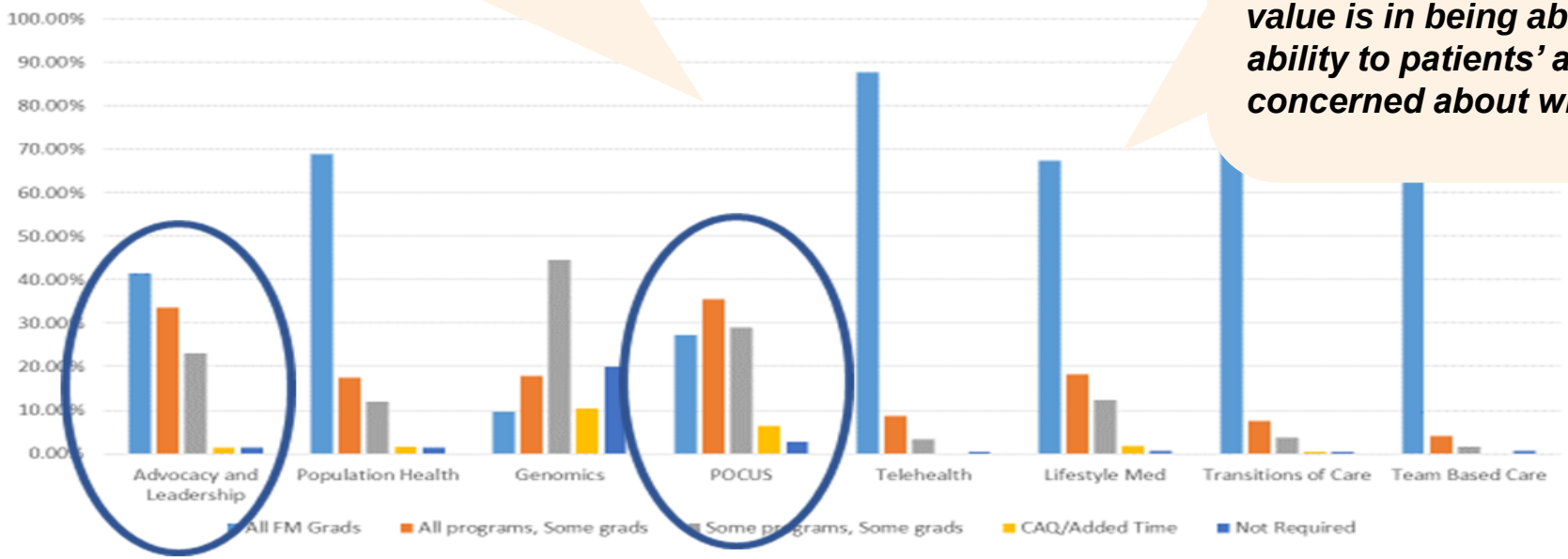
Topics with Variance

- Palliative Care
- Hospice Care
- Prenatal/Postpartum Care
- Inpatient Surgical Care
- Critical Care
- Nursing Home

Similar to the previous slide, cost and having trained faculty in POCUS were cited most often from members as an explanation for the variance in the responses from the survey. Regarding advocacy and leadership, members were mystified on these findings. Many believe this topic should be a priority for residency programs in the future especially if family physicians want at voice at the table when decisions are being made on their behalf at their place of employment, working with payers, etc.

. ***"It required faculty training and it also required a significant upfront investment of equipment."***
– AFMRD Member

"We need to include leadership and advocacy training, so residents don't think that somebody else is going to do it for them because we've allowed for this to happen in terms of not being the ones to say, hey wait a minute, with these health systems and what our scope of practice, our value is in being able to reduce cost of care, increase ability to patients' access to care. Now we're here and I'm concerned about what's going to happen with that scope."



Topics with Variance

- Advocacy and Leadership
- POCUS

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