

age the adoption of evidence-based teaching principles. Topics range from effective feedback to learner assessment, to curriculum design. Each workshop includes a follow-up consultation between the trainer(s) and the program director or department chair.

Residency Faculty Fundamentals Certificate

Program: This assessment-based online program, launching in late spring 2017, includes self-led courses with assignments to provide foundational training for residency faculty. Completion of the track requires approximately 20 hours and covers: (1) the structure and requirements of residency education, (2) how to be an effective and efficient faculty member, (3) the nuts and bolts of curriculum development and teaching, and (4) strategies for assessment, feedback, and remediation of residents.

Faculty for Tomorrow Webinars: The Faculty for Tomorrow Task Force, with expertise from several STFM members, has presented 4 of 8 webinars for residents and new faculty. The live format provides the opportunity for learners to ask questions of experienced faculty. Upcoming topics include Essential Presentation Skills, Clinical Teaching Skills, Giving Feedback, and Scholarly Activity. All of the webinars are recorded and made available on the STFM website following the live events.

Faculty for Tomorrow Workshop: Seventy-five residents attended the 2016 workshop for residents at the STFM Annual Spring Conference. This free workshop for those interested in careers in academic family medicine includes stories of inspiration from family medicine leaders, a guided self-assessment, breakout sessions, a mentoring luncheon, a keynote speaker, a career planning panel, and a career opportunities fair. The 2017 workshop will be on May 5.

TeachingPhysician.org: This online resource, created specifically to educate community preceptors, delivers videos, tips, answers to frequently asked questions, and links to in-depth information on teaching topics. The site was completely revamped in 2016.

Advocacy Course: The free online advocacy course was recently redesigned with a higher level of interactivity. The 5-module course provides skills and practice strategies for advocating for and promoting the value of family medicine. The course has been popular with both faculty and residents.

Faculty development is woven throughout STFM's strategic plan, and is the foundation of a majority of the STFM products, fellowships, conferences, and communications. Visit <http://www.stfm.org> to learn more about all of STFM's faculty development offerings.

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References

1. Accreditation Council for Graduate Medical Education. ACMGE Program Requirements for Graduate Medical Education in Family Medicine. http://www.acgme.org/Portals/0/PFAssets/ProgramRequirements/120_family_medicine_2016.pdf. Accessed Jan 26, 2017.
2. Liaison Committee on Medical Education. Functions and Structure of a Medical School: Standards for Accreditation of Medical Education Programs Leading to the M.D. Degree. April 2015 (Effective July 1 2016).



Ann Fam Med 2017;15:189-190. <https://doi.org/10.1370/afm.2049>.

PUTTING THE FOUR PILLARS FOR PRIMARY CARE PHYSICIAN WORKFORCE INTO PRACTICE LOCALLY

The United States faces a shortage of 25,000 primary care physicians (PCPs) by 2025.¹ This report is a guide for departments of family medicine for developing local strategies (<http://www.adfm.org/Members/Webinarsresources/Workforcestrategies>) to increase the PCP workforce, framed around the 4 pillars for reform: pipeline, process of medical education, practice transformation, and payment reform.²

First Steps

The first step is to define the PCP need for the region. Next, review the factors that influence student choice for family medicine from the Graham Center report³ and also captured on the ADFM Education Committee workforce strategies worksheet (link). Then for each of the 4 pillars below consider the local barriers, required resources, and potential allies/collaborators.

Pipeline

Pipeline strategic initiatives can be targeted to the pre-medical, medical school, and residency stages.

Premedical. Does the department have linkages with high schools or college pre-med major programs? Do pre-medical students have opportunities to create personal relationships with PCPs in clinical settings or engage in primary care research?

Medical School. Does the medical school mission value primary care and is this reflected in admissions policies? Are there family physicians on the admissions committee? Are there negative attitudes and behaviors toward primary care? Is the department engaged with students in meaningful ways?

Residency. Are there enough graduate medical education (GME) positions for family medicine in your region? Can programs expand or can new programs open in GME-naïve hospitals? Can state or local support be garnered for expanding GME?

Process of Medical Education

Strategic initiatives for influencing the process of medical education can be targeted at medical school, community preceptor, resident, and residency levels.

Medical school. Are there strategic planning goals and measurable primary care outcomes linked to social mission content? Does the Department offer relevant and transformative clerkship experiences or teach valued fundamentals of doctoring? Do experiences engage social justice issues? Are there appealing experiences in global or underserved health? Are there scholarships to help students with educational debt?

Experience with community preceptors. Are students exposed to outstanding community preceptors? Do students develop beneficial mentoring relationships?

Experience with family medicine residents. What impressions do the residents create for students and what messages do they communicate? Are the residents satisfied and prepared for practice?

Residency. How strong is the program's reputation? Are faculty members satisfied and enthusiastic? Does the residency clinic demonstrate features of the patient centered medical home, team-based care and the principles of primary care? Are there attractive enrichment offerings?

Practice Transformation

With primary care delivery undergoing significant transformation, what does the student experience in the community primary care office? How well implemented are patient-centered care; team-based care; role modeling of comprehensive care; use of data and addressing the social determinants to drive population health; use of technology; and achieving safe, quality outcomes? Are students witnessing physicians burning out or finding work/life balance? Do students see the value and joys of continuous physician-patient relationships?

Payment Reform

Increased salary parity between primary care and specialist physicians increases interest in primary care careers.⁴ Payment reform, the most important pillar⁵, is a critical target to be addressed at local, state, and federal levels.

Local Initiatives. Can you show evidence of family medicine's value to the health system? Is there opportunity to advocate for the infrastructure necessary for a transformed model of care or for alternate funds flow? What needs to occur to adjust the compensation model and to offer loan forgiveness for PCPs?

State Initiatives. Are there opportunities for Medicaid payment reform that could translate into additional dollars for PCPs? Is there payment or credit for primary care precepting? Are there incentive payments for having a patient centered medical home? Are there state loan repayment/forgiveness programs to market?

If each department formulates its own set of local strategies to increase the number of students choosing family medicine, then collectively we can come closer to narrowing the PCP workforce gap over the next decade.

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References

1. IHS Inc. *The Complexities of Physician Supply and Demand: Projections from 2014-2025 Final Report*. Washington, DC: Association of American Medical Colleges; 2016.
2. Association of Departments of Family Medicine; the Association of Family Medicine Residency Directors; the Society of Teachers of Family Medicine and the North American Primary Care Research Group. The four pillars for primary care physician workforce reform: a blueprint for future activity. *Ann Fam Med*. 2014;12(1):83-87.
3. Robert Graham Center. *Specialty and Geographic Distribution of the Physician Workforce: What Influences Student & Resident Choices?* Washington, DC: Robert Graham Center; 2009.
4. Kruse J. Income ratio and medical student specialty choice: the primary importance of the ratio of mean primary care physician income to mean consulting specialist income. *Fam Med*. 2013;45(4):281-283.
5. Matson C, Davis A, Epling J, et al; rest of the ADFM Education Transformation Committee. Influencing student specialty choice: the 4 Pillars for Primary Care Physician Workforce Development. *Ann Fam Med*. 2015;13(5):494-495.