Group 2—Basic Structure of Family Medicine Residency

**Problem Statement:**
The proposed residency expansion, along with the dramatic changes underway in the organization of health care, provide an opportunity to revisit the basic organization and structure of Family Medicine residency training. Is our basic training model—3 years, broad scope of training, small-medium size residencies, emphasis on continuity training and high cost of training—still appropriate?

**Focus Question:**
How should the basic organization and structure of Family Medicine residency programs change?

**Pre-Readings:**
- Numbers and Trends of residencies and residents, including average size of residencies and comparison to IM residencies (this is the same document suggested for the whole group)
- The organizational report from AFMRD, including the description of the FM-NICCE and Clinic First Program. Optional are Carney et al and Newton on P4, Colorado PCMH and I3 collaboratives
- The progress report on the Length of Training Study
- Articles on the cost of family medicine residency training (Regenstein et al., Pauwel et al, Ashkin et al) and a review and the outcomes of rural residency expansion from the 90s (Rosenthal).

The ABFM focused organizational presentation will address our study of the personal physician of the future and current trends in sub-specialization in Family Medicine.

**Group Charge:**
Describe 3-5 key organizational features of the family medicine residency of the future—scope of care trained for, duration of training, cost of training, overall size of program, rural presence.

**Questions for Consideration:**
1. Should we continue to train for broad scope of care? If not, what should we reduce—care of children, women, hospitalized patients? Should all residencies have the same requirements for residency in terms of breadth of training?
2. Duration: Should we continue with 3 years residency, make 4 years optional, or make 4 years mandatory? What evidence or process will be necessary to make this decision?
3. What is—and what should be— the cost of family medicine residency training? Should we work to bring down the cost of family medicine residency training?
4. How can we plan rural residencies with better success and survival than the ones in the 90s?
5. Is there a role for much larger residency programs with sufficient clinical resources for training? (e.g., models from Internal Medicine or Canada)?