The Working Party organizations have kicked off work on a new approach to more than doubling the rate of US medical students entering family medicine careers.

Thought leaders, stakeholders, and executive staff of the eight national family medicine organizations met in August 2018 to kick off the new collaborative venture, picking up from the work of the now-sunset Family Medicine for America’s Health Workforce Education and Development Tactic Team. That team initiated action on this collaborative by proposing to and securing commitment from all eight of the organizations a shared aim for 25% of all graduating US medical students to enter family medicine residencies by the year 2030.

Though student choice of family medicine has rebounded since the downturn that began in the 1990s that saw fewer US medical students pursuing family medicine careers and residency positions dwindling, growth has been insufficient. In 2018, 12.6% of U.S. MD and DO graduates matched to family medicine residencies. The family medicine organizations, though they have unique missions, all share the vision of a country with the robust family medicine workforce needed to provide accessible, quality, affordable, and inclusive care for all. With a projected primary care workforce shortage of 52,000 by 2025 and decades of promising, yet often uncoordinated, efforts to increase student choice of family medicine by each of the organizations, the time is now to take a radically new, truly collective approach to this lasting challenge.

Family Medicine Residency
ACGME-accredited family medicine residencies are filling at an all-time high rate—96.7% in the 2018 NRMP Match. Though US MD and DO students matching to family medicine represent only 12.6% of the graduating class, they represent more than 73% of students matching to family medicine. In the 2017 entering family medicine residency class (national), 1,856 were US MDs, 1,387 were US DOs, and 834 were international medical graduates. To increase the supply of family physicians in the US, it will be necessary for family medicine residency positions to grow. The focus of the efforts of the 25x2030 collaborative is on generating medical student demand for family medicine residency training, and aligns with the strategy to increase residency positions (10,000 by 2030). If the 25x2030 collaborative succeeds without residency growth, it will fail to address the primary care workforce shortage.

Collective Impact
The organizations agreed to leverage a framework called Collective Impact to guide the infrastructure and development of their collaboration. The framework outlines three stages: Initiate Action, Organize for Impact, and Sustain Action and Impact. With the FMAHealth team completing many of the milestones of the first phase to Initiate Action, this collaborative launches ready to move into Phase II, Organizing for Impact.

Organizing for impact requires that stakeholders work together to establish common goals and shared measures, create a supporting backbone infrastructure, and begin the process of aligning the many organizations involved against the shared goals and measures. The backbone organization for the work will be an existing team from the AAFP Division of Medical Education to support the program and project management. A steering committee consisting of representatives from each of the organizations has been established to guide the vision and strategy and support aligned activities of the organizations. In 2019, that steering committee will appoint working groups to pursue specific activities, identify champions and advocates, and help engage stakeholders outside of family medicine—and even outside of medicine—whose goals align with building a robust, diverse primary care workforce.
To arm the steering committee and leadership of the collaborative, participants in the kickoff had a deep exchange of ideas around potential outcome and output measures (ex: output of a toolbox for family medicine department leaders, outcome of an increased number of medical schools with strategic plans to achieve 25x2030). Participants also spent one half day discussing the feasibility, potential impact, and considerations necessary to consider five specific potential workstreams of the initiative.

Among the concepts that were elevated to the highest priority by participants in the kickoff event were:

1. Establish a Learning-and-Action Network of US medical school family medicine departments to innovate, identify, and spread the most impactful strategies for increasing student choice of family medicine.
2. Define and promote, with one collective voice, the “brand” of family medicine to reach students early in the pipeline, focusing on eighth grade and above and with an emphasis on groups currently underrepresented in medicine and needed in the workforce.

Participants also encouraged the organizations to seek opportunities to share data that can impact and provide insight on this work.

The 25x2030 steering committee will begin its work in January and meet in-person in March 2019. Steering committee members include:

Susan Anderson (ADFM)
Tina Burk (ACOFP)
Ardis Davis (ADFM)
James Haynes (AFMRD)
Rebecca Jaffe (AAFP Foundation)
Bob Moore (ACOFP)
Warren Newton (ABFM)
Heather Palmer (AAFP Foundation)
Jacob Prunuske (STFM)
Jessica Sand (NAPCRG)
Deanne St. George (AFMRD)
Mary Theobald (STFM)
Bruce Williams (ACOFP)

The committee will be supported directly by AAFP staff including Ashley Bentley, Jay Fetter, and Deborah Prochnow, as well as Karen Mitchell and Clif Knight.

The AAFP is also working on a communications plan that includes spreading awareness and engagement with the 25x2030 goal. Execution of these efforts will begin in the first quarter of 2019, especially at key events of stakeholders including the STFM Conference on Medical Student Education and the AAFP Residency Education Symposium. Stakeholders will have the opportunity to participate in town hall-style discussions with steering committee members as well as share their ideas and personal strategies for impacting 25x2030 in their own communities and institutions.